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ABSTRACT

Volume III of the National Day Care Study First Annual Report funded by the Office of Child Development describes the information management system which was developed and tested during Phase I. In addition, the volume includes overviews of the sample instruments from the three major data collection systems developed during the year: the Research Program Information System; the Research Cost Accounting System; and the Parent Measures. Interview questionnaires, day care record forms, financial worksheets and measures of parent background attitudes are among the items included. The NDCS, being conducted over a period of three years, is designed to answer major policy questions about federally funded day care centers and the children they serve. Appendices include the Telephone Survey and the Spring Baseline Survey. (MS)

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First Annual Report

Volume 3

INFORMATION MANAGEMENT
and
DATA COLLECTION SYSTEMS

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INTRODUCTION

Volume III of the National Day Care Study First Annual Report describes the Information Management System which was developed and tested during Phase I. In addition, the volume includes overviews of and sample instruments from the three major data collection systems which were developed during the year: The Research Program Information System, the Research Cost Accounting System and Parent Measures. Instruments which were used during Phase I -- the Telephone Survey and the Spring Baseline Survey -- are included in the Appendix.

I. THE INFORMATION MANAGEMENT SYSTEM

1.0 Introduction

This section of Volume III describes both the design and the operational aspects of the Information Management System (IMS) which has been developed for the National Day Care Study. Three primary areas are addressed:

- the organization of the data reduction process (1.1),
- data flow and quality control procedures (1.2), and
- the technical development of the computerized portion of the system (1.3).

The system is responsible for processing all data to be collected during the course of the study, beginning with the pre-coding of instruments and continuing through quality control procedures, data reduction, computerized file manipulation, statistical analysis, and report generation. To accommodate the great variety of data currently being collected, four levels of files -- center, classroom, staff, and child -- have been organized and linked to be accessed efficiently. Software, in addition, has been developed to validate the data, maintain the files, generate required reports and extract data for statistical analyses, primarily through the Statistical Package for the Social Sciences (SPSS). In addition, a data reduction effort has been organized to provide systematic data coding and filing procedures, and a data management system has been developed to insure quality control for all data collection procedures.

1.1 Data Reduction

During Phase I, a comprehensive data reduction effort was designed to convert raw data to a computerizable format. The process began with an investigation into alternative methods of data reduction. Basically, two methods were considered:

- manual coding and keypunching, and
- optical scanning techniques.

Both of these methods require the pre-coding and formatting of instruments before the data are collected. To use optical scanning, an instrument must be pre-coded, formatted, and printed as required by the equipment, and special software must be developed to translate the marked responses into analyzable data. Since this development is expensive and can be modified only at an additional cost, optical scanning is normally recommended only when the number of cases (forms) to be processed merits the initial investment (usually at least 3000 forms) and when it is reasonably certain that instrument changes will not be required after the process begins. The actual reduction process, however, is faster, more accurate and more easily managed than manual coding and keypunching.

With manual coding and keypunching, special forms need not be printed and no software development is required to convert the responses to analyzable data. The data, however, must be keypunched and, depending on the complexity of the data and the formatting of the instrument, coding may be required. Both of the processes require human intervention and take longer than optical scanning. When the number of cases to be reduced is small (under 3000, for most purposes), this additional cost is far less than the cost of more sophisticated methods. In addition, if instruments are being developed or systems tested, the manual data reduction process is more flexible and less costly. Thus, the selection of the data reduction technique depends upon both the nature and the scope of the particular task. Since in the National Day Care Study ongoing data collection systems are being implemented and tested during Phase II, it was decided to use manual coding techniques for all Program, Cost, Parent Interview and child test data. Child observation data, however, is being collected by SRI in an optically scanable format, and hence is reduced using optical scanning techniques.

Since all computerizable data being collected by Abt Associates are being manually coded and keypunched, IMS has been involved in instrument development. Before an instrument was finalized, but after the initial development stage, it was reviewed by IMS personnel for coding problems and suggested formatting to facilitate data reduction. After the instrument was developed, but before final typing began, it was pre-coded to give consistent numerical codes to the various responses. In general, the following coding practices were observed:

- At least two card columns were allowed for each response so that "missing data" could be coded as negative numbers (-1 = missing, skipped or uncodable data, -2 = don't know, -3 = refused to answer, -4 = data error not yet corrected). The only exception was for questions which specify to 'check all that apply.' This uniform specification for all items will greatly facilitate data analysis, especially through SPSS.

- Columns 77 and 78 were used to record a data set number identifying the instrument and columns 79-80 were reserved to record the card number.

- The following columns were reserved to enter a system's ID:

  site ID -- columns 1-2
  center ID -- columns 1-5
  staff, classroom, child ID -- columns 1-7

  A non-computerized intermediate ID (Alpha code) and pointers to higher level data (center staff, classroom etc.) will be entered in subsequent columns as appropriate.

- Insofar as possible, consistent coding schemes were maintained across instruments. For example, the response 'yes' was always coded '1' and the response 'no' always coded '2.' Other responses for which consistent codes were maintained include sex, race, education, job, etc. Staff checked previous instruments to ensure consistency.

As data are collected, the completed instruments are returned to IMS so that the appropriate site/center/classroom/staff/child system's ID may be determined and coded onto the instrument. The instruments then are sent to the data reduction staff for review. Child and class observation data being collected by SRI are assigned system's ID as specified by IMS and are reduced using optical scanning techniques. Data tapes and corresponding documentation then are forwarded to IMS.

All manual data reduction is coordinated by IMS. For certain less complicated instruments, it may be advisable to keypunch the data without first transferring it to coding sheets, thereby eliminating both the errors which may be introduced in coding and the additional coding costs. If direct keypunching is used, however, all forms are first reviewed for missing or confusing data. The cost of this review, plus the increased keypunching cost (since the efficiency of the keypuncher is somewhat decreased), may nearly offset the cost of coding. If the data collection instrument is fairly complicated, with open-ended questions, complicated data matrices or multi-level data, the responses are transferred to coding sheets by trained coders before keypunching. The coding process is facilitated by using specially designed coding sheets for each instrument with individual item definitions and pre-coded responses such as card sequence number and zero-filled columns which should be skipped. At a minimum, a 5 percent sample of each coder's output is reviewed for quality control so that the coder can be informed about any errors which are systematically being introduced.

After the data reduction process has been completed, all instruments are filed by site, center, and system's ID and stored so as to be easily retrieved for possible error checks, study of open-ended questions or additional respondee notations. Even though all names are detached from the instruments, both instrument files and the data storage room are kept locked to further ensure confidentiality.

1.2 Data Management Procedures

1.2.1 Processing Abt Data

Five types of data are being collected during the course of the National Day Care Study: program data (RPIS), cost data (RCAS), parent attitudinal data (Parent Measures), descriptive case study data, and child outcome/classroom process data. To ensure that accurate and complete information is obtained for analysis purposes, a detailed system of data flow and quality control has been developed. Figure 1.1 summarizes the overall data flow system. A more detailed description is given below.

- RPIS/RCAS Data Flow

The Center Secretary is responsible for obtaining certain cost data and all program data except the baseline interview with the Center Director and the Lead Teachers. This interview is administered by the Site Coordinator and the Data Coordinator. Instruments for the week are logged in the Weekly Center Reports Control Sheet (Exhibit 1.1) and brought

Exhibit 1.1

Name of Center ____________ **Week Ending** ____________

Weekly Center Reports Control Sheet

	Center Secretary Name ________		Data Coordinator Name ________			Deputy Dir. Data Mgmt. Name ________		
REPORT TITLE	None	# Sent	# Rec'd	# Sent	# of Addit. Info. Req's	# Rec'd	# Sent to IMS	# of Addit. Info. Req's
A. Daily Record of Child & Staff Absences	____	____	____	____	____	____	____	____
B. Record of Replacement & Enrichment Staff	____	____	____	____	____	____	____	____
C. New Child Intake Record	____	____	____	____	____	____	____	____
D. New Staff Intake Record	____	____	____	____	____	____	____	____
E. Child Termination Record	____	____	____	____	____	____	____	____
F. Staff Termination Record	____	____	____	____	____	____	____	____
G. In-Center Child Transfer Record	____	____	____	____	____	____	____	____
H. In-Center Staff Transfer Record	____	____	____	____	____	____	____	____

Continuation of Exhibit 1.1

Name of Center ______________ **Exhibit 1.1 a** Week Ending ____________

Weekly Center Reports Control Sheet

	Center Secretary		Data Coordinator			Deputy Dir. Data Mgmt		
	Name ____		Name ____			Name ____		
REPORT TITLE	None	# Sent	# Rec'd	# Sent	# of Addit. Info. Req's	# Rec'd	# Sent to IMS	# of Addit. Info. Req's
I. Child Change of Schedule Report	____	____	____	____	____	____	____	____
J. Staff Change of Schedule Report	____	____	____	____	____	____	____	____
K. Child & Family Service and Parent Participation	____	____	____	____	____	____	____	____
L. Visitor Log	____	____	____	____	____	____	____	____
M. Field Trip Record	____	____	____	____	____	____	____	____
N. Staff Meeting/Training Record	____	____	____	____	____	____	____	____
O. Staff Background	____	____	____	____	____	____	____	____

with the Control Sheet to the site offices for the weekly staff meeting. Each instrument has a space where the Center Secretary records who provided each type of information and when. The site Data Coordinator views all data for completeness and accuracy. Any errors which are detected are noted on an Additional Information Request Form (Exhibit 1.2, Page 9) and sent to the Center Secretary immediately. An appropriate response is then included in the next week's data report or sent to the site office earlier if the site Data Coordinator so requests.

The site Data Coordinator sends data to the Deputy Director for Data Management in Cambridge. Even if all data have not been received from centers, or if there are outstanding Additional Information Request Forms, data on hand are sent to Cambridge. Instruments which are incomplete or inaccurate are retained at the site level, however, until they are complete. The Weekly Center Reports Control Sheet then documents that the number of forms forwarded is less than those received. It also records the number of Additional Information Request Forms still requiring action. Copies of these forms are attached to the Control Sheet. If the number

DATA FLOW

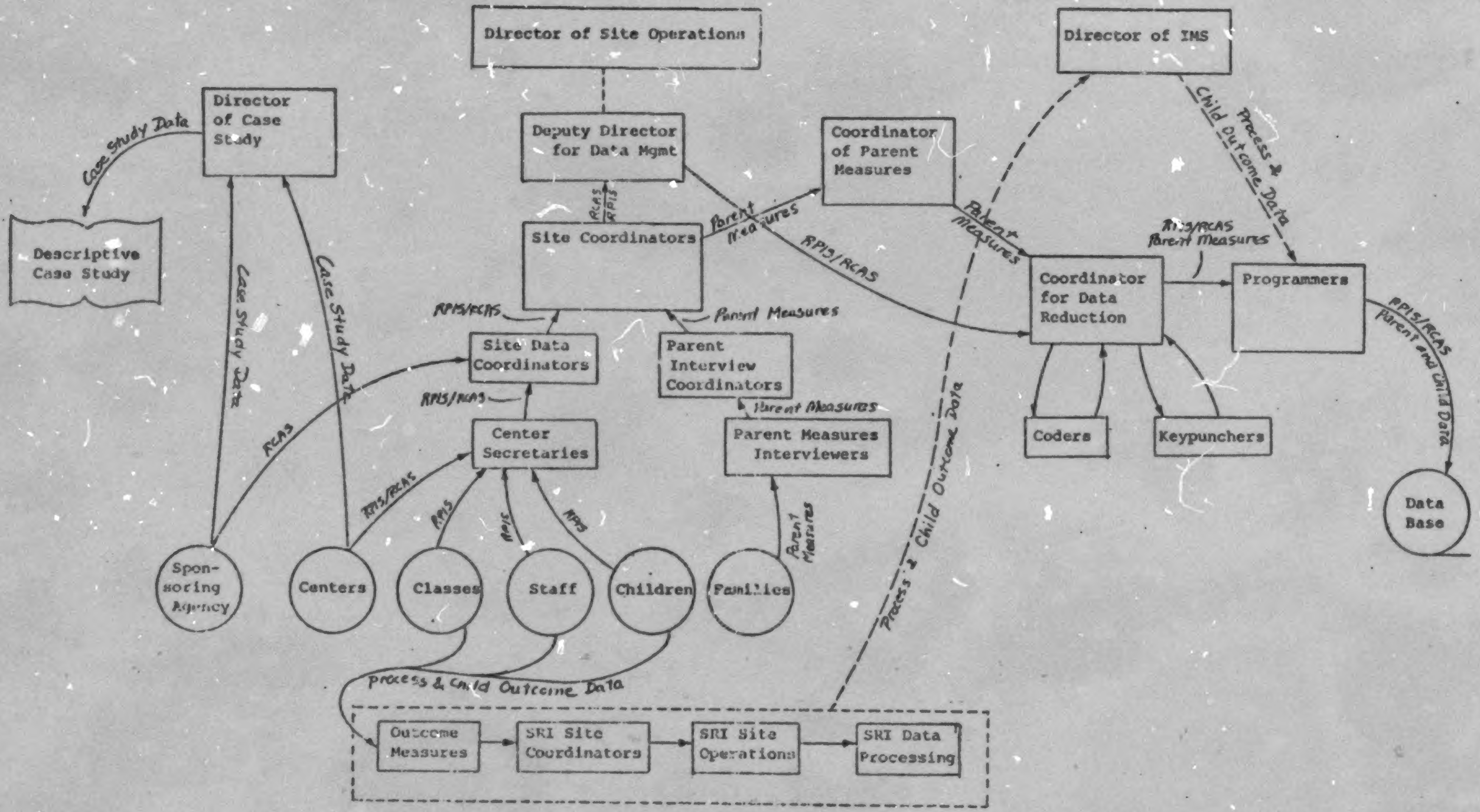

Director of Site Operations
Director of IMS
Director of Case Study
Case Study Data
Descriptive Case Study
Deputy Director for Data Mgmt
RCAS
RPIS
Coordinator of Parent Measures
Site Coordinators
Parent Measures
RPIS/RCAS
Parent Measures
Process & Child Outcome Data
RPIS/RCAS Parent Measures
Coordinator for Data Reduction
Programmers
RPIS/RCAS
Parent and Child Data
Data Base
Coders
Keypunchers
Case Study Data
Case Study Data
RPIS/RCAS
Parent Measures
Site Data Coordinators
Parent Interview Coordinators
RPIS/RCAS
Parent Measures
Center Secretaries
Parent Measures Interviewers
RCAS
RPIS/RCAS
RPIS
RPIS
RPIS
Parent Measures
Process & Child Outcome Data
Sponsoring Agency
Centers
Classes
Staff
Children
Families
Process & Child Outcome Data
Outcome Measures
SRI Site Coordinators
SRI Site Operations
SRI Data Processing

Figure 1.1

Exhibit 1.2

ADDITIONAL INFORMATION REQUEST

TO:

DATE: 5/1/75

FROM:

CONCERNING INFORMATION FOR WEEK OF 4/28/75

STATEMENT OF PROBLEM: Number of children leaving the center this week seems unusually high.

PLEASE ADD, CHANGE OR CLARIFY INFORMATION BY 5/8
date

DATE: 5/5

ADDITIONAL INFORMATION: Western Electric is converting equipment and will gradually be laying off 1/3 of employees

FURTHER COMMENTS OR INFORMATION: This situation will continue through 6/15.

CENTER SECRETARY SIGNATURE

of forms received in Cambridge does not correspond exactly to the number indicated in the accompanying log or if expected forms have not been logged in and sent, an Additional Information Request Form is sent to the site Data Coordinator.

Once data receipt has been verified by the Deputy Director for Data Management, all forms are forwarded to the Coordinator for Data Reduction for coding and keypunching. Punched cards are counted to insure that all forms received in Cambridge have been reduced. The data are then entered into the computerized data base system, where both range and internal consistency checks are performed. Any errors detected are recorded through a Computer Generated Error Message (Exhibit 1.3) and sent to the Coordinator for Data Reduction for resolution. If the reported error exists on the data form sent from the field, a Data Clarification Request (Exhibit 1.4, on next page) is initiated and sent to the Deputy Director for Data Management, who forwards the request to the site Data Coordinator for resolution with the Center Secretary. Corrected data are entered on the Data Clarification Request form and returned to the Data Coordinator within two days. All corrections are reviewed and sent back to the Deputy Director for Data Management within a week. The Deputy Director for Data Management records all Data Clarification forms which are both sent and received and notifies the site Data Coordinator if all errors have not been resolved within ten days. Corrected values are sent to the Coordinator for Data Reduction for coding, keypunching, and computerization. Figure 1.2 (page 12) illustrates the RPIS/RCAS data flow as described above.

Exhibit 1.3

COMPUTER GENERATED ERROR MESSAGE

```
RECORD  IDENTIFICATION   VARIABLE   POSITIONS       DEFAULT       VALUE
NUMBER      FIELDS         NAME     FROM   TO        VALUE        FOUND
--------------------------------------------------------------------------------------------
   4     4                 TWO         3    7     -3.000000     [illegible]
   4     4                 THREE       8   10     -3.000000     1 4
   4     4                 FOUR       11   14     -3.000000     **2.
   5     4                 TWO         3    7     -3.000000     [illegible]
   5     4                 THREE       8   10     -3.000000     1 4
   5     4                 FOUR       11   14     -3.000000     [illegible]
   5     4                 FIVE       15   18     -3.000000     [illegible]
   5     4                 SIX        19   24    -30.000000     10. 5

      5 RECORDS READ
      2 RECORDS WITH ERRORS
      8 TOTAL ERRORS
```

6

Exhibit 1.4

DATA CLARIFICATION

DATE: ______________

TO:

RETURN BY: ______________
date

FROM:

CONCERNING CENTER: ______________
name

Some information concerning this day care center seems incomplete or different from what has been reported by the center in the past.

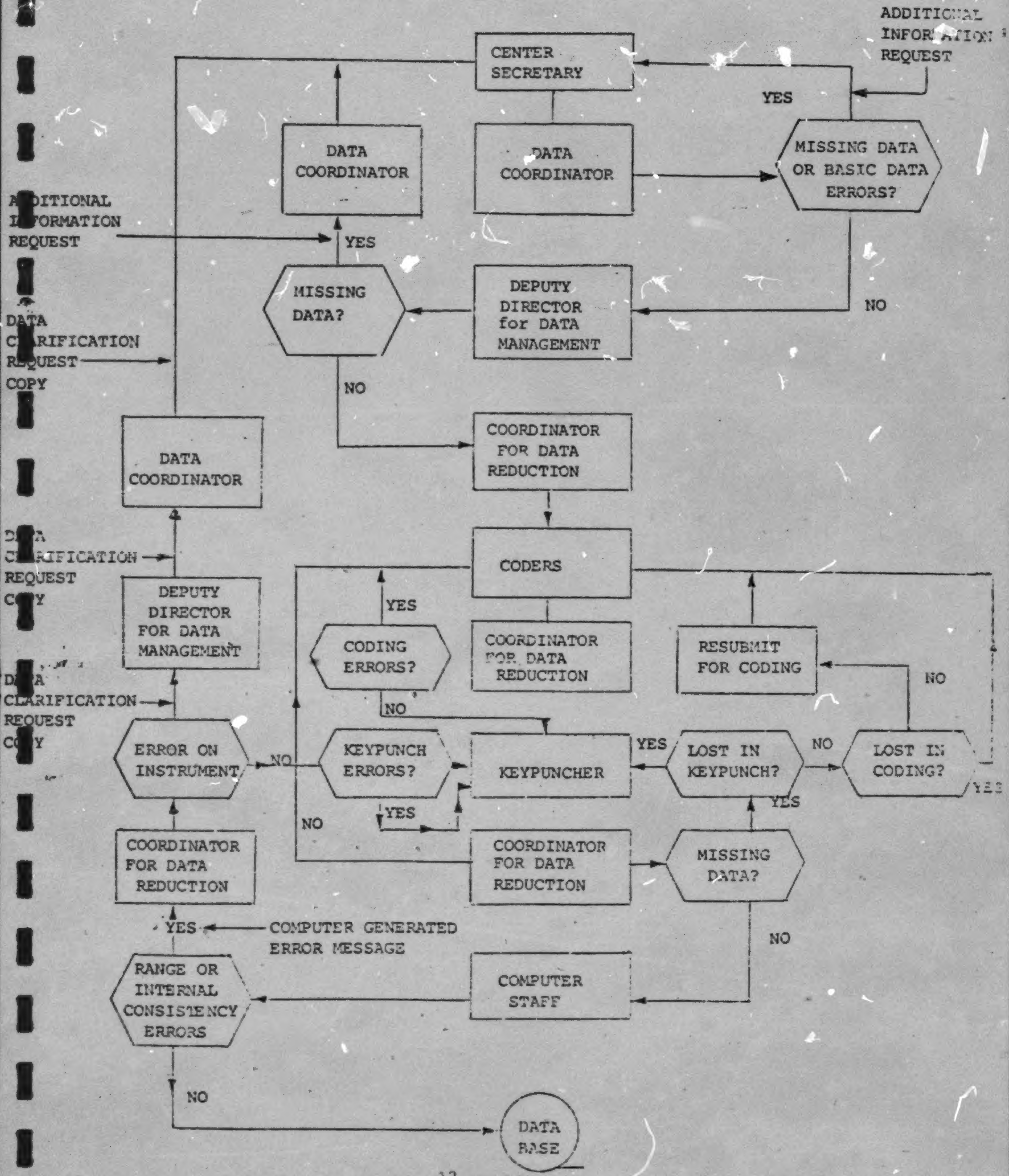
FORM	ADDITIONAL IDENTIFYING INFORMATION	ITEM NAME	REPORTED INFORMATION	CORRECT INFORMATION	STATEMENT OF PROBLEM	COMMENTS
Staff Bkgrnd	Mary Jones	Exp Day Care	2 yrs	2 yr	Yrs are summed to 5. What should they be?	— no comment —
		Exp Chi. Psych.	2 yrs	3 yrs		
		Total	5 yrs	5 yrs		

CENTER SECRETARY SIGNATURE ______________

DATA COORDINATOR SIGNATURE ______________

Figure 1.2

RPIS DATA AND QUALITY CONTROL FLOW


ADDITIONAL INFORMATION REQUEST
CENTER SECRETARY
YES
DATA COORDINATOR
DATA COORDINATOR
MISSING DATA OR BASIC DATA ERRORS?
ADDITIONAL INFORMATION REQUEST
YES
MISSING DATA?
DEPUTY DIRECTOR for DATA MANAGEMENT
NO
DATA CLARIFICATION REQUEST COPY
NO
COORDINATOR FOR DATA REDUCTION
DATA COORDINATOR
DATA CLARIFICATION REQUEST COPY
CODERS
YES
DEPUTY DIRECTOR FOR DATA MANAGEMENT
CODING ERRORS?
COORDINATOR FOR DATA REDUCTION
RESUBMIT FOR CODING
NO
DATA CLARIFICATION REQUEST COPY
NO
ERROR ON INSTRUMENT
NO
KEYPUNCH ERRORS?
KEYPUNCHER
YES
LOST IN KEYPUNCH?
NO
LOST IN CODING?
YES
YES
YES
NO
COORDINATOR FOR DATA REDUCTION
COORDINATOR FOR DATA REDUCTION
MISSING DATA?
YES
COMPUTER GENERATED ERROR MESSAGE
NO
RANGE OR INTERNAL CONSISTENCY ERRORS
COMPUTER STAFF
NO
DATA BASE

Parent Measures Data Flow

Parents of all three- and four-year olds who are being tested during the study will be interviewed in September and in April by locally hired and trained interviewers. Data from these interviews are monitored and reviewed by a site Parent Interview Coordinator under the supervision of the Site Coordinator. All interviews are checked for completeness, accuracy and legibility, and any problems which are detected at this time are resolved with interviewers before data are sent to the Coordinator of Parent Measures in Cambridge. As data are received in Cambridge, they are reviewed both for accuracy and for reasonableness before going to the IMS Coordinator for Data Reduction for coding, keypunching and entry into the data base. Reports of any errors generated in the field are sent to the Coordinator of Parent Measures, who forwards reports to the site Parent Interview Coordinator for resolution with individual interviewers if necessary. Figure 1.3 on the next page illustrates Parent Measures data flow.

Case Study Data Flow

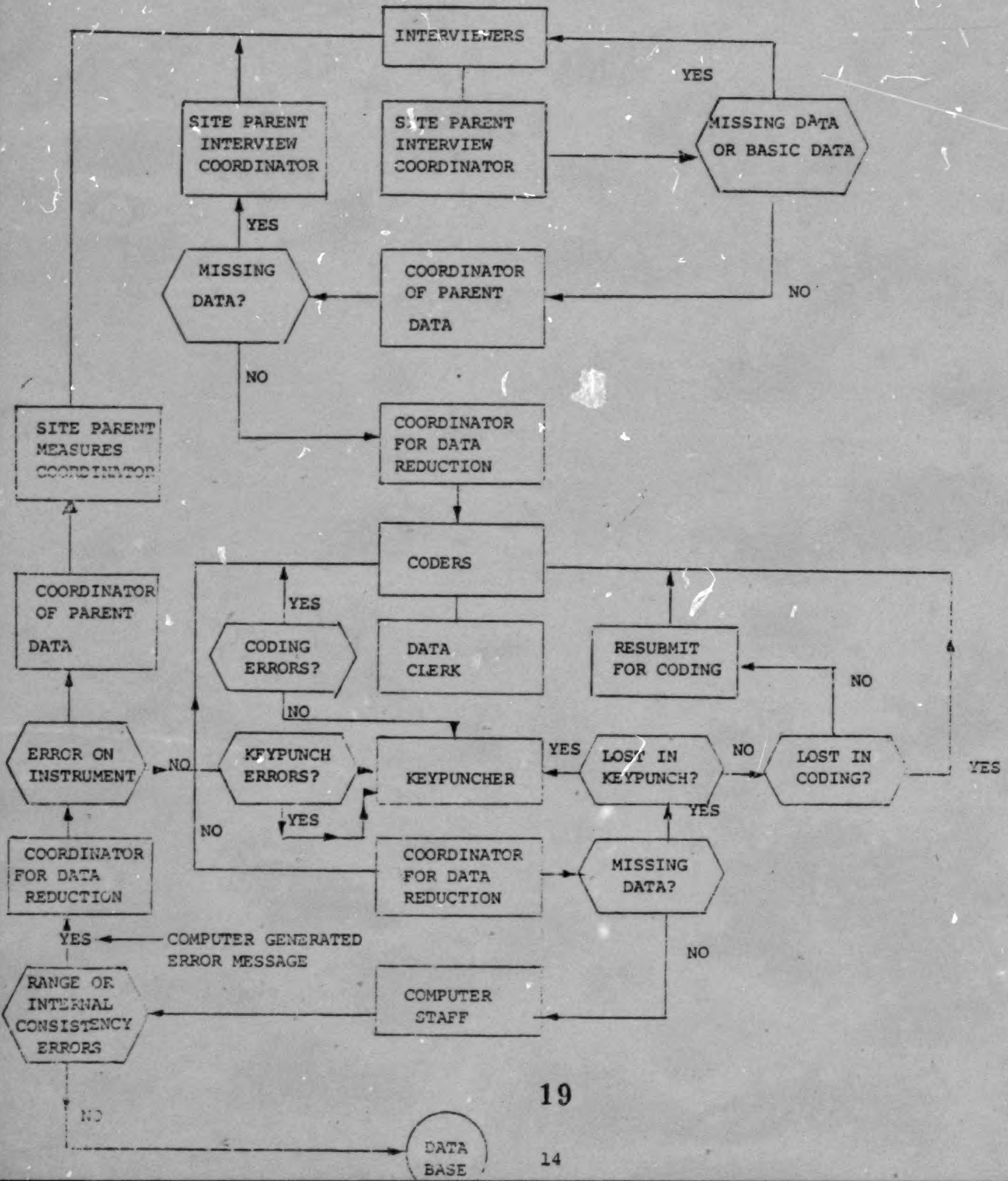
Information for the Center Level Case Study is sent by the Site Coordinator to the Case Study Director in Cambridge. Since most of the data are descriptive, it is not necessary, in general, to reduce and analyze the data through the IMS group. Should it be desirable to computerize portions of the interview data, for example, forms will be sent to the Coordinator for Data Reduction for coding and keypunching .

Quality Control Monitoring

In addition to insuring that complete and accurate data are collected, the Data Management System incorporates an ongoing quality control system, which monitors the performance of each Center Secretary. Site Data Coordinators are responsible for this process and use two ongoing systems, the Event Log and Quality Control Profile, as well as periodic, in-center visits. The results of the quality control monitoring are included in the site Data Coordinator's monthly report.

Figure 1.3

PARENT MEASURES DATA AND QUALITY CONTROL FLOW


INTERVIEWERS
YES
SITE PARENT INTERVIEW COORDINATOR
SITE PARENT INTERVIEW COORDINATOR
MISSING DATA OR BASIC DATA
YES
MISSING DATA?
COORDINATOR OF PARENT DATA
NO
NO
SITE PARENT MEASURES COORDINATOR
COORDINATOR FOR DATA REDUCTION
CODERS
COORDINATOR OF PARENT DATA
YES
CODING ERRORS?
DATA CLERK
RESUBMIT FOR CODING
NO
NO
ERROR ON INSTRUMENT
NO
KEYPUNCH ERRORS?
KEYPUNCHER
YES
LOST IN KEYPUNCH?
NO
LOST IN CODING?
YES
YES
YES
NO
COORDINATOR FOR DATA REDUCTION
COORDINATOR FOR DATA REDUCTION
MISSING DATA?
YES
COMPUTER GENERATED ERROR MESSAGE
NO
RANGE OR INTERNAL CONSISTENCY ERRORS
COMPUTER STAFF
NO
DATA BASE

- Event Log: The first of the ongoing systems is the Center Secretary Event Log (Exhibit 1.5). In the Event Log, the Data Coordinator notes all contacts with the Center Secretary, giving the date, the center and secretary involved, the purpose of the contact, who initiated it, and any follow-up which is needed. If contacts concern inadequate data reports, the site Data Coordinator specifies the problem giving the name of the instrument and its date, as well as the data error: inaccuracy, late forms, missing items, etc.

- Quality Control Profile: The second ongoing system is the Quality Control Profile (Exhibit 1.6, on next page) which portrays data collection performance for each Center Secretary on a monthly basis. The log is divided into four blocks, with each block corresponding to one week in the monthly cycle of data collection. The upper half of the form shows a grid where total data errors for each week are plotted. From week to week, the plotted points are joined, thus creating a picture of data quality. As data errors decrease, the line falls. If, however, more errors are made, the graphed line

Exhibit 1.5

Name of Data Coordinator ________________

____

Center Secretary

Event Log

Date	Center Secretary's Name	Center Name	Type of Contact	Who Initiated	Purpose of Contact	Follow-Up

Exhibit 1.6

Name of Center ____________

Name of Center Sec. ____________

____

Quality Control Log

Week Ending

__/__ Mo/Day	__/__ Mo Day	__/__ Mo Day	__/__ Mo/Day

Total Errors

10
9
8
7
6
5
4
3
2
1
0

Form #	Error Type	# of Errors	Form #	Error Type	# of Errors	Form #	Error Type	# of Errors	Form #	Error Type	# of Errors

rises. The lower half of the form is a block where information on individual errors is noted by form, error type, and number of errors. Form numbers are given on the Comprehensive List of Forms and error types on the Comprehensive List of Errors (Exhibits 1.7 and 1.8, next page). Since the quality control monitoring process does not end until data become part of the computerized data base, the Quality Control Log is maintained in pencil. Thus, site Data Coordinators can change graph points to accommodate any errors found in the review of data by the Deputy Director for Data Management and any errors found in the computer quality checks.

- In-Center Monitoring: In addition to the two ongoing monitoring systems, the site Data Coordinators conduct a monthly monitoring with each Center Secretary in her day care center. This visit involves observing data collection procedures, detecting any systematic errors that the Center Secretary may be making and working with the Center Secretary to modify her data collection procedures.

Exhibit 1.7

COMPREHENSIVE LIST OF FORMS

1. Daily Record of Child & Staff Absences
2. Record of Replacement & Enrichment Staff
3. New Child Intake Record
4. New Staff Intake Record
5. Child Termination Record
6. Staff Termination Record
7. In-Center Staff Transfer Record
8. In-Center Child Transfer Record
9. Child Change of Schedule Report
10. Staff Change of Schedule Report
11. Visitors Log
12. Weekly Child & Family Service Report
13. Field Trip Record
14. Staff Services Record
15. Program Exception Record
16. Staff Background
17. Inventory of Accounts
18. Statement of Current Income
19. Statement of Current Operating Expenses
20. Worksheet for Services Donated by Volunteers
21. Worksheet for Services Donated by Professionals
22. Worksheet for Donated Land, Bldgs, Supplies, Equipment
23. Depreciation Worksheet

Exhibit 1.8

Comprehensive List of Errors

1.	Proper procedures not followed	a. date form completed and who completed by are illegible, omitted, inaccurate. b. Skip instructions not followed
2.	Code missing	
3.	Code in error	Center code digits do not indicate a center, or do not indicate a center in that site, child code is entered in staff code space; target class code is entered in non-target class boxes.
4.	Data missing	
5.	Data inaccurate	Total Hours listed differ from sum of Number of Hours categories; a replacement will not be hired but a date is given for expected date of hire: Other is checked for a child who should be specified as black or white; enrichment staff is entered as Paid and Volunteer
6.	Improper descriptors	Reasons for absence codes conflict with written reasons; comments about reason for termination relate to another reason than the one checked; specific position does not relate to fields listed in Staff Background; service description does not match service type on Child Family Service Record.
7.	Narrative omitted where required	Narrative description of service on Child and Family Service record omitted.

- Inquiry on Forms Use

Even after thorough training, center and site staff members discover situations in the day care centers which are difficult to record on RPIS/RCAS forms. Since consistency in data collection and reporting is crucial to the success of the National Day Care Study, it is important that local staff not make on-the-spot judgments regarding the reporting of unclear situations. When a Center Secretary does not know how to handle an event or interpret an item, she contacts the Data Coordinator, either by phone or through a memo. The Data Coordinator logs all such inquiries in the Inquiry Log (Exhibit 1.9) together with the response that was made based on review of the training materials. If no clear-cut answer is found in the materials, the question is referred to the Deputy Director for Data Management. The entire Inquiry Log is submitted weekly to the Deputy Director for Data Management, who reviews decisions for their validity and consis-

Exhibit 1.9

INQUIRY LOG

DATE	NAME OF CENTER	CENTER SECRETARY	RESPONSE	CODE	FOLLOW-UP

*Codes: CD= Check thru Deputy Director Site ops; TM= Training Manuals tency and resolves any situations which remain unclear. If the Data Coordinator believes that the question needs an immediate response, the Deputy Director for Data Management is phoned for a response. Any telephone contact is followed up in writing by the Deputy Director for Data Management, summarizing both the inquiry and the response made.

Every week, the Deputy Director for Data Management issues memoranda with RPIS/RCAS clarifications. These memoranda are reviewed with Center Secretaries during their weekly meetings. Copies of the memoranda are also given to each Center Secretary. The Data Coordinator who received the inquiry should carefully discuss the response with the Center Secretary who initiated it. Separate memoranda are written for questions about each form and numbered sequentially -- for example, "Clarification/Staff Meeting and Training Records, Number 1." This organization permits the memoranda to be inserted in the RPIS/RCAS instruction manual as permanent information on data reporting. The flow of inquiries on the use of forms is shown in Figure 1.4 on the next page.

1.2.2 Processing SRI Data

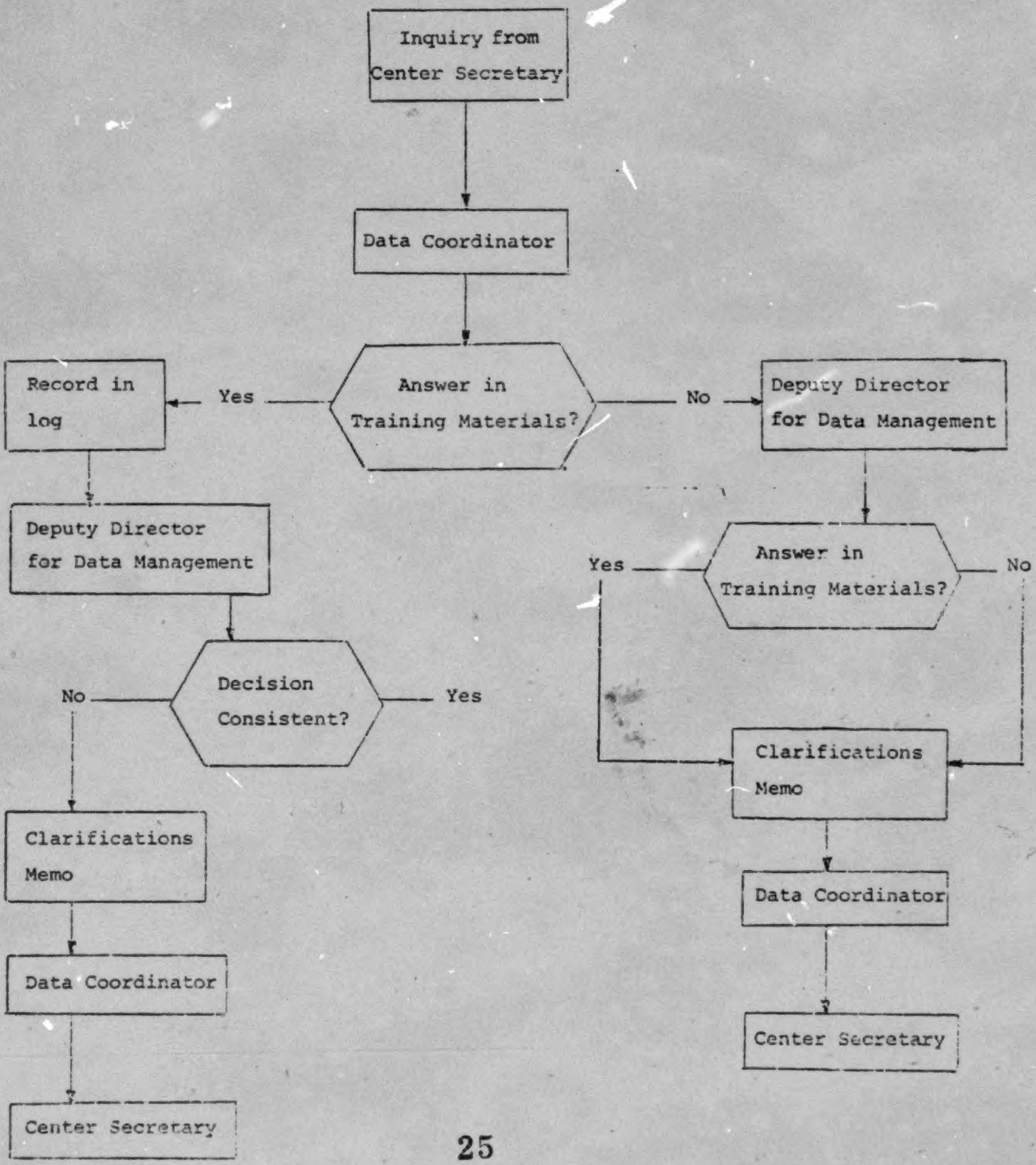
Classroom observation and child test data are collected by the Stanford Research Institute (SRI) twice each year, in October and in May. Since Abt Associates has not been involved in the development of testing procedures, only the procedures for delivering test data to Abt Associates for analysis are outlined in this section. Documentation of SRI instruments and testing procedures can be found in SRI Deliverable #4 (September 17, 1975).

- Data Reduction

SRI is responsible for providing Abt Associates with magnetic tapes containing representation of all SRI observation items plus coding manuals, tape documentation, and copies of the raw protocols. All coding decisions are made by the SRI data reduction staff. Since the Prescott Child Observation Instrument and SRI Classroom Observation Instrument have been designed for data reduction using optical scanning techniques, arrangements have been made by SRI with an outside firm to effect the data reduction for that instrument. Reduction of all other test data will be done by Abt Associates' coders and keypunchers under the supervision of the Coordinator for Data Reduction. The Director of IMS will be responsible for specifying all data transfer procedures and delivery schedules. Any communications about SRI data are made through her.

Figure 1.4

RPIS/RCAS Flow of Inquiry on Forms Use


Inquiry from Center Secretary
Data Coordinator
Answer in Training Materials?
Yes
Record in log
No
Deputy Director for Data Management
Deputy Director for Data Management
Decision Consistent?
No
Yes
Answer in Training Materials?
Yes
No
Clarifications Memo
Data Coordinator
Center Secretary
Clarifications Memo
Data Coordinator
Center Secretary

Scoring Observation and Test Data

In order to insure complete flexibility of child data analysis, all test data scoring is specified by Abt Associates' staff using the coding manuals and documentation supplied by SRI. Individual scoring routines will be written by the Abt programming staff under the supervision of the Director of IMS. If feasible, SRI will provide the Abt staff with relevant scoring routines which have been developed and used by SRI so that there is minimal duplication of effort. The Associate Project Director will be responsible for communicating with SRI about all test scoring.

Error Resolution

SRI is responsible for providing preliminary edit checks of all observation and test data and for correcting any errors which are detected. The Abt IMS staff validates SRI data and performs internal consistency checks where possible. Any errors which may be found after data have been sent to Abt are resolved by Abt staff, insofar as possible, using the raw protocols supplied by SRI. The Director of IMS informs SRI about any errors found in SRI data so that SRI can verify the errors. Only verified errors are corrected on the Abt data base. It it is not possible to resolve an error by referencing the raw protocols, SRI may contact individual testers if both organizations feel that such action is necessary.

1.2.3 Confidentiality:

Since the analysis requirements and the data collection procedures for the National Day Care Study involve the monthly collection of data on centers, classrooms, staff and children, plus pre/post testing of parents and children, it is absolutely critical that ID's be accurately assigned. If confidentiality were not an issue, the recommended identification procedure would be the use of individuals' names on each data collection instrument or form and the coding of that name into the computerized record for easy visual cross-checking. Since this procedure might constitute an invasion of privacy, an alternative method has been developed which enables coders to link record segments accurately.

Center Secretaries, testers, and interviewers are provided with a Master Code list containing first name, last name, birthplace, and sex for every person for whom data are collected. From this information, an Alphacode is developed as follows:

- code last and first letter of first name
- code last and first letter of last name
- code sex where 1 = male, 2 = female
- code birthday - month, day

For example, if Mary Smith were born on May 29, her Alphacode would be YMHS20529. Using the Alphacode, Cambridge staff assign a unique seven digit system as follows:

- first two digits - site code:
  01 = Atlanta
  02 = Detroit
  03 = Seattle
- next two digits - center code:
  01-39 in Atlanta
  40-59 in Detroit
  60-79 in Seattle
- fifth digit - record code:
  1 = center level, no cost data
  2 = center level, cost data
  3 = three-year-old child data
  4 = four-year-old child data
  5 = classroom data
  6 = staff data
  7 = three-year-old parent data
  8 = four-year-old parent data
  9 = parent data for parents with more than one child in study
- last two digits - sequence within level.

Since there is no sequence necessary for center level data, the last two digits are not assigned to center records. The correct Alphacode is also written on this list to facilitate the coding process. To enable coders to assign site and center codes, each form or test is identified at the center with the site name and center name.

Using the Master Code lists, trained coders in Cambridge can easily locate each individual on the list and assign the corresponding system's ID. Both IDs are keypunched for cross-reference purposes, but only the system's ID is computerized. It should be noted that the computerized data base system cannot accept alphanumeric information, so it is impossible to include the Alphacode on the data base.

Since the Master list in the center contains no ID numbers, it is not necessary to keep it in a secure place. The Master Code list maintained in Cambridge, however, contains name, Alphacode, and system's ID and hence is kept locked in a secure file with access only to authorized persons.

Permission is obtained from all individuals prior to collecting any personal data. In the case of study parents and children, this is in the form of signed approval of parents for both their participation in parent interviews and the participation of their children in the study.

All analyses are conducted on an aggregated basis at the child, classroom, and center level and are not reported in any way that identifies individuals. Members of the analysis staff do not have access to the Master code list and, in fact, are specifically prohibited from such access. No member of a day care center staff or parent may have access to the data.

1.3 The Computerized System

1.3.1 The AIMS Data Base System

Although the National Day Care Study (NDCS) Information Management System is responsible for the data reduction process and the data management procedures such as the filing of raw data protocols and the monitoring of data correction requests, the primary function of the system is to computerize the information collected from day care centers and to provide computer analyses of the data as required. In order to provide flexible and cost-effective computer support, a modular data base system, AIMS (Abt Information Management System), has been developed to handle the basic data checks, file manipulations, and updating procedures. In addition, a number of special programs have been written to facilitate specific and/or more complex data needs. This section of Volume III describes both the AIMS data base system and the special programs which have been developed.

Before describing actual program development, however, it is important to review certain basic design decisions which were made. The first decision involved the choice of a computer system. For reasons of cost, ease of analysis, and convenience, the decision was made last spring, before the contract was signed, to use the CDC 6400 computer system at the Smithsonian Astrophysical Observatory (SAO) for data base generation and analyses. Given that decision, we have attempted to design a data base system which will operate as efficiently as possible within that environment. Since the SAO system "rewards" efficient CPU usage in its charging algorithm, a number of compass assembler language subroutines have been developed to utilize the system in the most optimal manner possible. These routines are backed up with more general FORTRAN routines so that in the event of a systems' failure at a critical time, the programs can be transfered to the CDC 6600 in Waltham.

Because the SAO computer has an available core memory of only 150K, programs which use only a small amount of core storage (in general, under 70K) are processed more quickly. Hence, the NDCS data base system has been designed in a series of modules which require no more than 70K to run. To accomplish this storage level, overlay structures and temporary disk storage are used as needed.

Since many of the statistical analyses required by the NDCS research staff will be done using SPSS, the data base system has been designed to interface as optimally as possible with that analysis package. This involves maintaining single level binary files which can be input directly to SPSS (with the generation of appropriate control cards) and using SPSS to compute certain more complex new variables which will update the data base. Software has been developed to extract data across files and build a single-level binary file for input into SPSS. Since SPSS can handle no more than 1,000 variables in a run, the data base files are limited to 1,000 variables each. When this limit is reached on one file, a second file will be started following a logical break in data collection. Later in the project, if the volume of data increases sufficiently it may be advisable to pack the data, thereby eliminating direct access to SPSS but increasing data processing efficiency.

The original proposed plan described a data base system containing several single-level files with fixed length records plus a directory with variable names, range specifications and data element locations defined. Following these specifications, the AIMS data base system consists of a directory, an audit file, four levels of data files, and a set of FORTRAN and COMPASS subroutines linked together by a control program.

The master directory defines the variable names for all existing data elements. In addition to the variable name, in alphabetic order, the directory also contains a variable label which provides a narrative description of the variable, two location pointers, one for the file name and one for the relative position of the variable within each record, minimum and maximum range values for editing input data, and a flag (level indication) which indicates whether the variable points to records in other files. Master directory file contents are used to provide data quality control parameters and to identify uniquely each variable in the system.

The audit file contains the symbolic name of each file, the corresponding file number, the tape label, creation date, number of variables per record, and a transaction code indicating how the tape was created. The audit file provides a record of activity for data base operations and also points to the most recent data base tapes. Audit file contents are used by the data base programs for both information and validation purposes.

Data contained within the master directory and audit file constitute a form of internal systems documentation. Data base programs access the directory and audit files prior to processing the data files. Invalid or redundant variable names are flagged and rejected prior to attempting a data base update, as are data elements whose values do not fall within the specified range. In addition, the file contents are printed in a standardized format at appropriate checkpoints, thus forming the basis for an external system of documentation. Master directory reports provide technical staff and analysts with the equivalent of a data element dictionary, necessary for accurate communication regarding report generation and statistical analysis. Audit file content provides an historical record of update activity and, in conjunction with archived update data, provides a backup system by outlining the steps to follow in running the appropriate updates against previous data files to regenerate files.

Taken together, the master directory and audit file contents provide the information necessary for locating and identifying the contents of the data files. Data files contain information by "level." At the present time, there are four levels of files which are defined for the NDCS.

- Center - containing information about center operations, center equipment, center budget, center services, etc. This file combines data from the RCAS and the RPIS. Because of the data manipulations to be made from RCAS data, the center level file is split into two subfiles each with 1,000 variables: one file for the RPIS and one for the RCAS. Both files are accessed through two keys, a site key, defined above, and a center key:

  -01 to 39 for Atlanta
  -40 to 59 for Detroit
  -60 to 79 for Seattle

- Classroom - containing information about classrooms with three- and four-year olds, including child attendance data, staff schedules, activity data, composition data (race, sex, age), and other data which characterize the classroom unit. The file is accessed through three keys -- the site and center keys defined above and a two digit classroom key assigned sequentially within each center beginning with 01. If a classroom is redefined during the course of the study, a new, unique classroom key will be assigned.

- Staff - containing staff background information, staff attendance and transfer data, and any other data pertaining to individual staff members. Three keys are used to access the file: site and center keys described above and a unique two-digit staff key assigned sequentially within center.

- Child - combining three subfiles:
  - child process data, collected for all children in target classrooms. The data include basic demographic absences, services, schedules, etc.
  - child test data, collected for all "target" children (children born between 12/1/70 and 12/1/72 who regularly attend the center at least seven hours a day, at least four days a week) for whom parental permission for testing was obtained.
  - parent interview data, collected from parents of target children.

  Each subfile is accessed through three keys: site and center keys described above and a unique three-digit child key assigned sequentially within center. Both the staff file and all child subfiles also contain a pointer to the current classroom and a history of previous classrooms, thereby linking caregiver with child.

Records within each file contain pointers to link them with the appropriate records in files at a higher level. Each record within a given file consists of an identification field, pointers to higher level data and a maximum of 1,000 data points. Working files, combining selected data across files, will be created as analysis requests demand to supplement the data base files.

The AIMS data base provides the capability of creating new files, adding records to a file, deleting records, adding new variables, deleting variables, changing existing data values, extracting and merging variables across files, pre-editing input data, and calculating new variables. All routines access the data base through procedure and variable name declaration. All update functions access the master directory before accessing the data files, thereby eliminating possible errors resulting from duplicate names, invalid key declarations, etc. Identification fields and pointers are used to access and link records when updates are performed and to link records across files, thereby providing a means of merging data from several files into a single-level file structure accessible to statistical analysis programs such as SPSS.

The basic orientation towards data organization and program development has emphasized flexibility and modularity. Initial program development concentrated on defining the necessary modules and writing, testing, and implementing these modules. At the present time, the data management system consists of a control program (main-line), 11 procedural subroutines to perform the basic operations noted above, and 12 utility subroutines used by both the control program and the procedural subroutines. The procedural subroutines are used by the main-line program to implement the procedural commands specified as input. The various subroutines and the control program are listed in Tables 1.1 and 1.2. (pages 29 and 30). General Systems Flow is indicated in Figure 1.5 (page 31).

All programs include extensive internal documentation through the use of comment cards associated with the appropriate sections within the programs. Data storage is made available to the various modules through the use of FORTRAN 'Common' statements. Necessary error parameters are passed through sub-program argument lists to the control program. The internal program documentation is a complement to the internal data base documentation. In addition to the internal documentation, each program is documented on a standardized form which has been incorporated into a documentation manual. This manual complements the periodic reports on the master, audit, and data file contents, and will be updated as changes are made to the programs.

As more data become available and the pattern of data base growth becomes more apparent, it will be necessary to expand the capabilities of the data base system. The modular structure of the package will make expansion easier than if a monolithic approach had been adopted. In addition, if the volume of data expands beyond present expectations, it will be possible to employ data packing algorithms and faster access methods (e.g., an inverted file structure) to reduce storage requirements and improve processing time.

TABLE 1.1

PROGRAM DESCRIPTION TABLE

PROGRAM NAME	DESCRIPTION
AIMS	Main-line Control Program for the Update Modules
CREATE	Initial File Creation Module
ADDREC	Record Addition Module
DROPREC	Record Deletion Module
ADDVAR	Module for Addition of Variables to Records
DROPVAR	Module for Deleting Variables from Records
CHANGE	Update Module for Existing Records
EXTRACT	Extracting Data from Across Files
CORRECT	Update Module for Correcting Variable Values Within Records
CALC	Module for Computing New Variables from Existing Ones
REPORT	Module for Selectively Reporting Data on a File

UTILITY ROUTINES

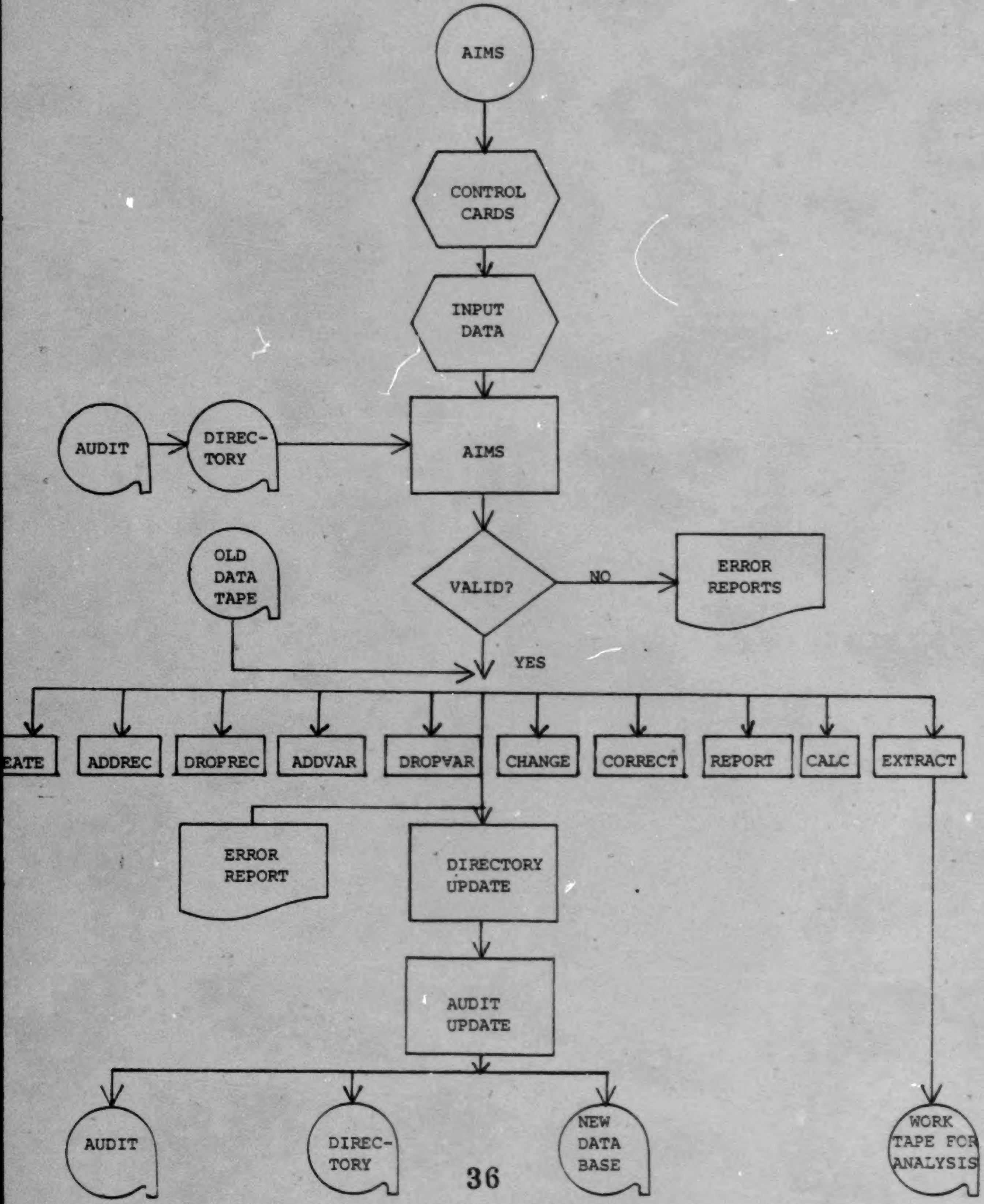
LOOKUP	Routine for Binary Searching a Single Dimension Array
GET	Routine for Converting Characters to Floating Point Numbers
QSORT2	Routine for Paired Array Central Memory Sorting
EDITREC	Pre-edits Data Values within a Record
FILLUP	Fills an Array with a Specified Value
UNCODE	Decodes Variable Declaration Cards
ISCAN	Scans an Array for a Specified Value
DUPNAME	Checks for Duplicate Names within a List
CKDATA	Reads and Sequence Checks Input Data
COMPUTE	Calculates New Variables Based on Existing Data Values
LSORTF	Generates Vector of Pointers to Sorted Array Elements in CALC
RCARD	Decodes Calculation Specification Cards

TABLE 1.2

PROGRAM CROSS-REFERENCE TABLE

PROGRAM NAME	REFERENCED BY PROGRAM
AIMS	NONE
CREATE	AIMS
ADDREC	AIMS
DROPREC	AIMS
ADDVAR	AIMS
DROPVAR	AIMS
CHANGE	AIMS
EXTRACT	AIMS
CORRECT	AIMS
CALC	AIMS
REPORT	AIMS
	UTILITY ROUTINES
LOOKUP	DRIVER, DIRCK
GET	EDITREC, UNCODE
QSORT2	DRIVER, DROPVAR, DUPNAME
EDITREC	CREATE, ADDREC, DROPREC, ADDVAR, CHANGE
FILLUP	MERGER
UNCODE	DRIVER
ISCAN	DRIVER, UNCODE
DUPNAME	DRIVER
CKDATA	CREATE, ADDREC, DROPREC, ADDVAR, CHANGE
COMPUTE	CALC
LSORTF	CALC
RCARD	CALC

FIGURE 1.5


AIMS
CONTROL CARDS
INPUT DATA
AUDIT
DIREC-TORY
AIMS
OLD DATA TAPE
VALID?
NO
ERROR REPORTS
YES
EATE
ADDREC
DROPREC
ADDVAR
DROPVAR
CHANGE
CORRECT
REPORT
CALC
EXTRACT
ERROR REPORT
DIRECTORY UPDATE
AUDIT UPDATE
AUDIT
DIREC-TORY
NEW DATA BASE
WORK TAPE FOR ANALYSIS

1.3.2 Special Programs

In addition to the AIMS data base programs described above, a number of special programs are being developed as required. These programs exist independently of the AIMS programs and may involve occasional as well as routine processing. The programs access selected data through the data base system and/or create variables as input to the system. To date, needs for special programs have been identified in the areas of internal consistency checking, routine report generation, test scoring, cost analysis, and statistical calculations not available in SPSS.

Internal data consistency checking and error reporting are a regular part of the data screening process. Once the raw data have been placed on the data base files with appropriate flags for values that did not pass data base format and range editing, additional validity checks are made. Several different types of internal editing are used depending upon the data item. Procedures for scrutinizing the data involve examining relationships among summary items and their parts, checking mutually exclusive variables and/or values, watching the variance in items reported over time and other methods that will help insure identification of errors. Computer reports are generated by these special editing routines to flag and describe all errors, missing values, and inconsistencies that have been detected. The reports then are circulated back through the appropriate data flow channels to resolve any existing data problems. Every time raw data enter the data base system, the special error and consistency checking routing are run and all deleted errors reported.

A second class of special programs involves formatted reports. Various computer-generated reports will be needed throughout the data collection period for purposes of analysis, documentation, and status review. Some of these forms will be designed for formal project reporting while others will be tailored for internal staff use. Both snapshot data and variables collected over time will be incorporated into these documents. Specific requirements for any of these routines will depend upon the type, quantity, and frequency of data being collected and the reporting needs which exist within the contract at any given time. At the present time, special programs are being developed to report on the status of target classroom children and to compare telephone survey and spring baseline data with Director Interview data collected this fall.

Another set of special programs being developed addresses the task of test scoring. The testing coordinator, SRI, is providing Abt Associates with raw test data items, which will be incorporated into the child level file of the data base. Routines compatible with the documentation for each test are being developed to score the results. These values may be input to the data base system and maintained in the child file, or they may be included only on temporary work files if the volume of data generated becomes excessive or if the use of the scored items is short-lived. Since child test data are among the most important data being collected, it is critical that the scoring routines be carefully and efficiently developed to insure that accurate and sufficient child data are generated.

A fourth area of special routines is associated with cost analysis. The processing of some cost data may be required to put all centers on a uniform accrual accounting basis for analysis. Special programs to relate RCAS data to RPIS and other process and outcome information will be developed if the required algorithms are too sophisticated or specific to be handled by the data base system or SPSS. Detailed specification of special cost analysis programs are currently being made , now that the cost data instruments have been finalized.

The final group of special programs that will be developed are those which perform particular statistical analysis tasks. Most calculations and statistical manipulations can be accomplished through SPSS, but there may be instances where neither SPSS nor other programs in the Abt statistical software library can efficiently perform a given analysis. These special routines will be written as data analyses so require.

II. DATA COLLECTION SYSTEMS

2.0 Introduction

During Phase I of the National Day Care Study, three extensive data collection systems were designed, developed , and field tested:

- The Research Program Information System (RPIS),
- The Research Cost Accounting System (RCAS), and
- Parent Measures.

Section II of this volume provides a basic description of each of these systems together with an example of each instrument which will be used during Phase II. Examples of instruments developed and used during Phase I are included as an Appendix to this volume.

2.1 The Research Program Information System

The Research Program Information System (RPIS) has been designed to collect several types of data responsive to the key policy issues including data on staff/child ratio, staff professionalism, center costs, and other program characteristics such as group size, staff mix, available materials and physical facilities, scope and quantity of supplementary services provided to children and families, and turnover data for both staff and children. Most information will be collected only for the target population - children and staff who are in classrooms with full-time three- and four-year olds. To obtain these data, five sets of RPIS instruments have been designed:

- The Baseline Center Profile, including
    a. a Director Interview
    b. a Lead Teacher Interview,
- The Staff/Child Ratio Observation Instrument,
- Change of Status Reports,
- The Staff Background Questionnaire, and
- Weekly Service Reports.

Before each of these instruments is described, the objectives and requirements guiding the development of the RPIS are briefly discussed. These include:

- Target Population,
- Reporting Schedules,
- Interface With Other Study Systems,
- Minimal Burden on Centers, and
- Confidentiality.

2.1.1 Objectives and Requirements

Availability of data on a family and child basis will enable the research staff to test statistical hypotheses about the relationship between day care resources and the impact of care on children. The data collection forms used in the RPIS have, therefore, been designed to collect data on the quantity and characteristics of resources used by day care centers on a child-by-child basis within reasonable data collection constraints. Specifically, data on daily schedules, meals, medical services, and other special services provided to both child and family are collected at the child level.

Other data including staff schedules, type of staff, space use and equipment will be collected at the group/classroom level. Staff/child ratios will also be constructed on a group or class-by-class basis. Thus staff/child ratio will be the same for all children in a classroom, but differences can be examined among the classes. Other data such as administrative and support hours and general space use and equipment will only be collected at the center level.

There were several important design considerations in the development of the RPIS:

- Target Population

Most RPIS data collection on children is limited to full-time three- and four-year olds. This target population includes children selected by the testing contractor for outcome measures. Data collection limited to the target population includes family background information (as part of Parent Measures) and ongoing services reports. At this time, the research design does not require family and service data on children for whom there will be no outcome measures. Schedule and absence data, however, are collected for all children in classrooms serving three- and four-year olds. This expanded data collection is required to establish and monitor staff/child ratios by classroom.

Data collection on staff includes a one time full-center roster and a staff background questionnaire which is administered only to the director and to caregivers in target classrooms. Ongoing records of staff absences, substitutes, and enrichment staff also apply only to the target classrooms.

Two records are to be completed on a full-center basis. These are intake and termination records for both children and staff. Data on all terminations and all new enrollees and hires will allow periodic full-center profile updates.

- Reporting Schedules

Data collection has been limited as much as possible to one time collection. Change of status reports are used in lieu of routine reporting to capture updates and exception events. Data requested on a once per year basis include staff background information, staffing patterns on a center-wide basis, staff and child schedules, all center inventories, and director and lead teacher interviews.

Ongoing daily and weekly data collection is limited to high incidence events which must be documented as they occur since they cannot be retrospectively reconstructed. Included in this category are records on child and staff absences and on the presence of substitutes and enrichment staff in target classrooms. These data, together with change reports, supplement staff and child schedule data for the purpose of monitoring staff/child ratio. Special services provided to target children and their families and to staff also are reported on a weekly basis.

Other data are collected on an as occurs basis or on a scheduled, periodic basis. Seven change of status reports are used to capture information on episodic events such as new enrollments and hires, terminations, new class assignments, schedule changes, and major alterations in the program. Additionally, a series of 14 scheduled classroom observations will be conducted by the Center Secretary during the nine-month period, September-May.

- Interface with Other Study Systems

While essentially documenting basic program inputs, the RPIS is designed to interface with other data systems. For example, documentation of volunteers and other third-party-paid hours in target classrooms is important for descriptive purposes, for establishing classroom ratios, and for cost accounting. Child and staff schedule data will be used to construct precise ratios and will assist in explaining cost differences among centers. Additionally, program input data will be used to generate various unit costs comparable across programs including unit of service, child hours and per capita costs. Other data, including program organization and interaction with outside agencies, will complement the descriptive case studies.

- Minimal Burden on Centers

It is critical that the RPIS collection effort impose only a minimal burden on the staff of participating centers. This requirement is satisfied in several ways. The RPIS data collection is intended to be carried out by a Center Secretary paid by Abt Associates for this purpose. Thus, we anticipate minimal intrusion into the center, although some time will be required from other center personnel. Collection forms and accompanying instructions and definitions are standardized and based as much as possible on prior experience in collecting data from child care agencies. Consistent with the need to maintain accuracy, the frequency with which each type of information must be reported has been reduced to a minimum.

- Confidentiality

The RPIS is designed to provide maximum security of all information on centers and individuals within centers: staff, parents, and children. The full details of the security system are described in Section 1.2.3.

2.1.2 RPIS Instruments

The RPIS consists of seven types of instruments or records which are described below together with summary data collection information. Within these record types are 20 forms to be completed during Phase II. An example of each form is given at the end of the description.

- Baseline Center Profile: Director and Lead Teacher Interviews

were conducted by both site and Cambridge staff during September to update center level data collected during center selection visits in April-May 1975 and to obtain more detailed and comprehensive data on staffing and group enrollment patterns. The Director Interview consists of basic center data verification, enrollment data by group including overall center attendance patterns, and a comprehensive staff roster. An administrative and functional organization chart is also included.

The Lead Teacher Interview documents individual child schedules and provides additional child level data such as age, address, sex and race. A description of typical daily classroom activities is completed together with a mapping of the group structure as it may change during the day. Schedule data for both staff and children will serve as the basis for developing a classroom level staff/child ratio. Data on group activities and group movement will be used to develop a combined activity-by-time-and-space pattern for each target classroom. These patterns, in turn, will serve to structure schedules for later staff/child ratio observations.

Frequency:	One time report
When:	Phase II: September 1975
Who:	Abt Site Staff

- Staff Background Questionnaire provides a short record of personal data, job experience and educational background. The questionnaire was administered in September to the center director and caregivers in target classrooms by site and Cambridge staff through brief interviews with the director and lead teacher and by the Center Secretary through interviews with other classroom staff.

The Staff Background Questionnaire is a one-time report with provision for year-end updates. The instrument will also be administered on an as-needed basis for any new staff or already employed staff who are assigned to a target classroom.

Frequency:	One-time report
When:	Phase II: September 1975
Who	Site Staff, Cambridge Staff, and Center Secretary

- Change of Status Records are used to document changes in enrollment, staffing, turnover, class assignment, schedules, and programmatic changes. Also included are daily records of absences and extra-normal staff coverage such as substitutes or enrichment staff.

Six Change of Status Records containing a total of 12 forms are needed to update information on staff and child assignments in target classrooms and staff and child hours. Child and staff populations in target classrooms cannot be expected to remain stable. In order to maintain current files on staff/child ratio and to link children with their specific caregivers, it is essential to document all children and staff as they enter or exit target classrooms, as well as any schedule changes. An additional status report captures changes in curriculum, key staff, funding, physical plant and other center level operations.

Frequency: Weekly for absences and extra-normal staffing. As occurs for new enrollees, hires, terminations, in-center transfers, changes of schedule, and program changes.

When: Phase II: Ongoing

Who: Center Secretary

- Child/Family and Parent Participation Service Record is used to document supplementary or special services provided to target children and/or their families. The record contains a checklist of 15 major service categories organized by child services, family services, and parent activities. Narrative descriptors of the services provided are also requested for cross-check purposes. This service record, as with all other ongoing records, is completed at the classroom level and links services to individual children and their families.

Frequency: Weekly

When: Phase II: Ongoing

Who: Center Secretary

- Field Trip Record provides information an all trips taken by children in target classrooms. It includes data on the nature of the trip and the number of children participating by classroom. The Field Trip Record serves as a supplement to the regular classroom activity schedule and will contribute the the descriptive study of program content and process.

Frequency: Weekly

When: Phase II: Ongoing

Who: Center Secretary

- Staff Meeting/Training Record is designed primarily to capture weekly information on staff meetings and training sessions, including the major topics presented and the number of staff present. Provision is also made for recording any other special events in which staff are involved.

Frequency: Weekly
When: Phase II: Ongoing
Who: Center Secretary

- Staff/Child Ratio Observation Instrument will provide periodic cross-checks on classroom level staff/child ratio and will document the process ratio as it changes with group movement and activity functions. Up to 14 full-day observations will be taken by the Center Secretary on an hourly basis for each target classroom. At each observation point, the Secretary records the number of staff available to children by specific caregiver identification code, the activities underway, and the specific location of all group children within the center. The observations focus, where possible, on the sub-group activity as well as the group level ratio.

Frequency: Fourteen Observations
When: Phase II: Five (5) in September-October 1975
Two (2) each in January and March 1976
Five (5) in April-May 1976
Who: Center Secretary

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BASELINE CENTER PROFILE: DIRECTOR INTERVIEW

OMB# 85R-0283
Expires 6/30/76

National Day Care Study

Abt Associates Inc.

I. A. 9/75 BASELINE CENTER PROFILE - DIRECTOR INTERVIEW

Last spring Abt Associates collected information about your center to help us in selecting the final (32/16) centers in (Atlanta, Detroit, Seattle).

The purpose of the visit today is to develop a clear and up-to-date picture of your center's physical plant, staff and children as you start your 1975-76 program year. As you know, Article V of the Research Agreement between your center and Abt Associates specifies that information we collect will be held in the strictest confidence. In fact, not even study staff or the government will have access to any data on individual staff, parents or children by name during the course of the study. Only codes will be used and all analysis will group individual data together. No parent will be interviewed, or child observed or tested, without parental permission. Permission will also be obtained from staff before administering tests.

Abt Associates will maintain all data collected until the entire National Day Care Study is completed, (a maximum of 3 1/2 years). Once the study is completed, Abt Associates will deliver all original information collected within its posession to the Department of Health, Education and Welfare. Master code lists will also be transferred to HEW/OCD although no further access and use will be authorized unless prior approval is received from centers, staff and/or parents.

The information we need to collect today from you includes:

- A Revised Background Questionnaire on Your Experience and Education
- Current Capacity and Enrollment Patterns
- Classroom Age Groupings and Capacities by Location
- Current Staff Roster
- Planned Services

This will take a couple of hours. We need to get this information correct now so we don't have to bother you again with these kinds of questions until next spring.

Let's begin by going over your own background. The questionnaire that you responded to last spring has been revised to give us even more accurate and useful information.

COMPLETE STAFF BACKGROUND QUESTIONNAIRE ON DIRECTOR HERE
THEN RETURN TO a.

a. I would like to begin the questions about your center by verifying information we already have about your center.

a.1. First, I want to check that we have the correct spelling of your name, and the correct center address, zip code and telephone number.

Let me read you the information we have:

COMPUTER LABEL

Corrections (if any)

Name ________________________________

Address ______________________________

____

Zip _______________ Telephone ___________________

OFFICE USE ONLY
☐☐☐☐☐
1/ 2/ 3/ 4/ 5

CARD 1

Center: ____________________

Site: ____________________

(FOR QUESTIONS a.2 - a.10 ONLY READ SENTENCES PRE-MARKED WITH THE "X")

a.2 ( ) We do not have information on the legal organization of your center. What is it? (CHECK UNDER CORRECTION)

( ) We show you legally organized as (READ BELOW) Is that correct?

Yes ☐

No ☐ ⟶ ENTER CORRECTION

	Shown	Correction
Independent - individually owned	( ) 01	( )
Independent Corporation	( ) 02	( )
Church	( ) 03	( )
Social Service Agency	( ) 04	( )
Community Agency	( ) 05	( )
Public Agency - Federal	( ) 06	( )
Public Agency - State	( ) 07	( )
Public Agency - Local	( ) 08	( )
Public Agency - School	( ) 09	( )
Other (SPECIFY): ______ ____________	( ) 10	( )

6/7 ☐☐

a.3 ( ) And our records show that you are organized on a

( ) Profit 01 ( ) Non-Profit basis. 02

Is this correct? Yes ☐

No ☐ ⟶ ENTER CORRECTION. Profit ( ) 01

Non-Profit ( ) 02

8/9 ☐☐

CARD 1

a.4 ( ) Your sponsoring agency is (READ BELOW), is that correct?

Yes ☐ No ☐ → ENTER CORRECTION

10/11 ☐☐

____________________ ____________________

____________________ ____________________

____________________ ____________________

( ) You have no sponsoring agency, is that correct?

Yes ☐ No ☐ → ENTER CORRECTION

a.5 ( ) We have no month and year when your center started operation, could you give me the date?

☐☐ 19 ☐☐
mo yr

12/13/14/15 ☐☐☐☐

( ) I have the following date ____________ your center started operation. Is that correct?

Yes ☐ No ☐ → ENTER CORRECTION ☐☐ 19 ☐☐
mo yr

a.6 ( ) Your center has a licensed capacity of ___, is that correct?

Yes ☐ No ☐ → ENTER CORRECTION ☐☐☐

16/17/18 ☐☐☐

a.7 ( ) You are licensed to serve children from ages ___Yrs. ___Mos. to _____ Yrs. _____ Mos. Is that correct?

Yes ☐ No ☐ → ENTER CORRECTION

Yrs.	Mos.		Yrs.	Mos.
☐☐	☐☐	to	☐☐	☐☐
19/20 (youngest)	21/22		23/24 (oldest)	25/26

19/20/21/22 ☐☐☐☐

23/24/25/26 ☐☐☐☐

CARD 1

a.8 ( ) Your center opens at ______a.m. and closes at ______p.m.
Is that correct?

27/28/29/30 ☐☐☐☐

Yes ☐ No ☐ → ENTER CORRECTION

31/32/33/34 ☐☐☐☐

From ☐☐:☐☐ a.m.

To ☐☐:☐☐ p.m.

a.9 ( ) Your center is open __ days/week. Is that correct?

Yes ☐ No ☐. ENTER CORRECTION

35/36 ☐☐

Days Open
- ( ) Mon.
- ( ) Tues.
- ( ) Wed.
- ( ) Thurs.
- ( ) Fri.
- ( ) Sat.
- ( ) Sun.

<5	01
M-F	02
M-S	03
M-S	04
O	05

a.10 ( ) Your center is ( ) open 12 Months/Year
( ) closed during the months of
______, ________, _______,
______, ________, _______. Is that correct?

37/38 ☐☐

Yes ☐ No ☐ CHECK ALL THAT APPLY.

Months Closed

( ) Sept. 39	( ) Dec. 42	( ) Mar. 45	( ) June 48
( ) Oct. 40	( ) Jan. 43	( ) April 46	( ) July 49
( ) Nov. 41	( ) Feb. 44	( ) May 47	( ) Aug. 50

CARD 1-4

b. Now I would like to get information on your classroom group arrangements and children as of today.

b.1. Would you look over this map of the center which ________ (name of Center Secretary) prepared during the summer. You will note that we have given a code # to each space.

Could you tell me the age range of your youngest classroom group? And what space is assigned to that group for the major part of the day? And the enrollment as of today? And what is the anticipated full enrollment of that group? (i.e., the class may not be up to full enrollment, so what is the capacity?)

	Full Time 3 & 4 Year Old Classroom Groups (INDICATE WITH A CHECK)		Classroom Entering Age Range Yrs/Mos.		Yrs/Mos.	Space Code* (FROM MAP)	Today's Enrollment	Planned Full Enrollment
	( ) 51 ☐	from	52/53/54/55 ☐☐☐☐	to	56/57/58/59 ☐☐☐☐	60/61 ☐☐	62/63/64 ☐☐☐	65/66/67 ☐☐☐
RD1/ CARD 2	( ) 68 ☐	from	69/70/71/72 ☐☐☐☐	to	73/74/75/76 ☐☐☐☐	8/9 ☐☐	10/11/12 ☐☐☐	13/14/15 ☐☐☐
	( ) 16 ☐	from	17/18/19/20 ☐☐☐☐	to	21/22/23/24 ☐☐☐☐	25/26 ☐☐	27/28/29 ☐☐☐	30/31/32 ☐☐☐
	( ) 33 ☐	from	34/35/36/37 ☐☐☐☐	to	38/39/40/41 ☐☐☐☐	42/43 ☐☐	44/45/46 ☐☐☐	47/48/49 ☐☐☐
	( ) 50 ☐	from	51/52/53/54 ☐☐☐☐	to	55/56/57/58 ☐☐☐☐	59/60 ☐☐	61/62/63 ☐☐☐	64/65/66 ☐☐☐
RD 2/ CARD 3	( ) 67 ☐	from	68/69/70/71 ☐☐☐☐	to	72/73/74/75 ☐☐☐☐	8/9 ☐☐	10/11/12 ☐☐☐	13/14/15 ☐☐☐
	( ) 16 ☐	from	17/18/19/20 ☐☐☐☐	to	21/22/23/24 ☐☐☐☐	25/26 ☐☐	27/28/29 ☐☐☐	30/31/32 ☐☐☐
	( ) 33 ☐	from	34/35/36/37 ☐☐☐☐	to	38/39/40/41 ☐☐☐☐	42/43 ☐☐	44/45/46 ☐☐☐	47/48/49 ☐☐☐
	( ) 50 ☐	from	51/52/53/54 ☐☐☐☐	to	55/56/57/58 ☐☐☐☐	59/60 ☐☐	61/62/63 ☐☐☐	64/65/66 ☐☐☐

So you have a total of _____ FT 3 & 4 yr. old classroom groups?

ENTER CORRECT TOTAL 67/68 ☐☐

RD 4

So you have a total of ____ children enrolled as of today? ENTER CORRECT TOTAL

B.1 TOTAL ⇨

Total Planned Enrollment

8/9/10 ☐☐☐

11/12/13 ☐☐☐

* THAT IS THE PRIMARY SPACE WHERE THAT CLASSROOM SPENDS THE MOST TIME, USUALLY BETWEEN 9:00 A.M. AND 3:00 P.M., OR ITS "HOMEROOM". IF NO SPECIFIC SPACE IS ASSIGNED TO THAT GROUP, ENTER 00.

CARD 4/CARD 5

b.2 Center Enrollment Hours

- Of the _________ children enrolled (ENTER IN LOWER LEFT CORNER) how many are enrolled five (or more) days/week? (ENTER #)
- Are there any children enrolled for fewer than 5 days/week? (IF ANY, ENTER #'s AS APPROPRIATE.)
- How many of the 5-day children are enrolled full day, 7 or more hours? (BREAK DOWN BY MORE THAN 10 HOURS, 8 to 10 HOURS, 7 to 8 HOURS.)
- FOR THE REMAINDER, (CHILDREN ATTENDING PART DAY 5 DAYS/WEEK)BREAK DOWN BY 4 to 7 HOURS OR LESS THAN 4 HOURS.
- CONTINUE PROCEDURE FOR CHILDREN ENROLLED FEWER OR MORE THAN 5 DAYS/WEEK.

Hours In-Center

Number of Children Attending

Enrolled	Total Enrollment	FULL DAY 7+hrs.	More Than 10 Hrs./Day	From 8 to 10 Hrs./Day	From 7 to 8 Hrs./Day	PART DAY <7 hrs.	From 4 to 7 Hrs./Day	Less Than 4 Hrs./Day	Leave Blank	
5 Days/Wk.	14 15 16	17 18 19	20 21	22 23	24 25	26 27	28 29	30 31		
4 Days/Wk.	32 33 34	35 36 37	38 39	40 41	42 43	44 45	46 47	48 49		
3 Days/Wk.	50 51	52 53	54 55	56 57	58 59	60 61	62 63	64 65		
2 Days/Wk.	66 67	68 69	70 71	72 73	74 75	8 9	10 11	12 13		CARD 5
1 Day/Wk.	14 15	16 17	18 19	20 21	22 23	24 25	26 27	28 29		
6 Days/Wk.	30 31	32 33	34 35	36 37	38 39	40 41	42 43	44 45		
7 Days/Wk.	46 47	48 49	50 51	52 53	54 55	56 57	58 59	60 61		
Enter Total Enrollment From B-1									Leave Blank	

CARD 6

b.3. Of the _____ children enrolled, how many would you estimate are:

(READ CATEGORIES. ENTER NUMBER)

ESTIMATES ARE
SUFFICIENT BUT
TOTALS MUST
WORK OUT AND
BE CONSISTENT.

6/7/8
BLACK ☐☐☐
9/10/11
WHITE ☐☐☐
12/13/14
OTHER ☐☐☐
15/16/17
TOTAL ☐☐☐ (VERIFY AGAINST b.1 TOTAL ENROLLMENT)

b.4. Of the _____ children enrolled, how many would you estimate are:

(READ CATEGORIES. ENTER NUMBER)

18/19/20
GIRLS ☐☐☐
21/22/23
BOYS ☐☐☐
24/25/26
TOTAL ☐☐☐ (VERIFY AGAINST b.1 TOTAL ENROLLMENT)

b.5. How many of the children currently enrolled are primarily non-English speaking?

27/28/29
☐☐☐

b.6. How many children are physically handicapped or have medically diagnosed special needs?

30/31
☐☐

CARD 6

b.7. How many families are enrolled as of today?

32/33/34
☐☐☐ (SHOULD BE THE SAME AS, OR LESS THAN, THE CHILD ENROLLMENT)

b.8. How many of the _____ families enrolled would you estimate are single parent families (i.e., how many have only one parent or other adult living in the household?)

35/36
☐☐

b.9. During which month do you usually get your largest number of new enrollments? ________________ ☐☐ 37/38

What is the second highest month? __________________ ☐☐ 39/40

Is there a third month? ______________________ ☐☐ 41/42

09 ( ) Sept.
10 ( ) Oct.
11 ( ) Nov.
12 ( ) Dec.
01 ( ) Jan.
02 ( ) Feb.
03 ( ) Mar.
04 ( ) Apr.
05 ( ) May
06 ( ) June
07 ( ) July
08 ( ) Aug.

b.10 And during which month do you usually have your greatest number of terminations? ________________ ☐☐ 43/44

What is the second highest month? __________________ ☐☐ 45/46

Is there a third month? ____________________ ☐☐ 47/48

09 ( ) Sept.
10 ( ) Oct.
11 ( ) Nov.
12 ( ) Dec.
01 ( ) Jan.
02 ( ) Feb.
03 ( ) Mar.
04 ( ) Apr.
05 ( ) May
06 ( ) June
07 ( ) July
08 ( ) Aug.

CARD 6

b.11 We'd like to get a general view of the typical arrival and departure times of children on a center-wide basis regardless of their age. Let's begin with arrivals.

a. Arrivals

		Times	
		Hour:	Minutes
1) By what time have a few children arrived in the morning?	Few	49/50 ☐☐	: 51/52 ☐☐
2) By what time have most children arrived?	Most	53/54 ☐☐	: 55/56 ☐☐
3) By what time have all the children arrived?	All	57/58 ☐☐	: 59/60 ☐☐

b. Departures

1) When do a few children begin to leave?	Few	61/62 ☐☐	: 63/64 ☐☐
2) By what time have most children left?	Most	65/66 ☐☐	: 67/68 ☐☐
3) By what time have all children left?	All	69/70 ☐☐	: 71/72 ☐☐

CARD 7/CARD 8

b.12 Does your center have a general daily schedule that classrooms more or less follow? (IF TIMES ARE DIFFERENT, BUT GENERAL ACTIVITIES ARE SIMILAR, RECORD GENERAL ACTIVITIES USING TIME SCHEDULE FOR A 3 OR 4 YEAR OLD CLASSROOM.)

Activity Schedule

Description	Time*	Code*
	8/ 9/10/11	12/13
	14/15/16/17	18/19
	20/21/22/23	24/25
	26/27/28/29	30/31
	32/33/34/35	36/37
	38/39/40/41	42/43
	44/45/46/47	48/49
	50/51/52/53	54/55
	56/57/58/59	60/61
	62/63/64/65	66/67
	68/69/70/71	72/73

CARD 8

	6/ 7/ 8/ 9	10/11
	12/13/14/15	16/17
	18/19/20/21	22/23
	24/25/26/27	28/29
	30/31/32/33	34/35
	36/37/38/39	40/41
	42/43/44/45	46/47
	48/49/50/51	52/53
	54/55/56/57	58/59

6/7
☐☐

( ) Yes 01 → Could you give me an overview of that schedule starting when the center opens? (COMPLETE FORM)

( ) No 02 → Who decides upon general schedules for classrooms?

____

____

____

↓

How do the schedules generally differ from classroom to classroom? (RECORD GENERAL COMMENTS)

____

____

____

____

____

____

*ENTER BEGINNING TIME FOR EACH ACTIVITY.

*CODES:

01	Arrival
02	Indoor Free Play
03	Outdoor Free Play
04	Planned Group Activity
05	Snack
06	Meal
07	Nap
08	Individual Activity
10	Transition
11	Departure
12	Other

RPIS Job Titles and Codes

Administrative Staff

10	Director/Assistant Director	Paid
11	Bookkeeper/Accountant	Paid
12	Other Administrative Staff	Paid
15	Director/Assistant Director	Volunteer
16	Bookkeeper/Accountant	Volunteer
17	Other Administrative Staff	Volunteer

Classroom Staff

20	Teacher (Lead Teacher,Head Teacher)	Paid
21	Assistant Teacher/Aide	Paid
22	Substitute	Paid
23	Other Classroom Staff	Paid
25	Teacher (Lead Teacher, Head Teacher)	Volunteer
26	Assistant Teacher/Aide	Volunteer
27	Substitute	Volunteer
28	Other Classroom Staff	Volunteer

Program Staff and Specialists

30	Social Worker	Paid
31	Education Specialist	Paid
32	Other Program Staff	Paid
36	Social Worker	Volunteer
37	Education Specialist	Volunteer
38	Other Program Staff	Volunteer

Support Staff

40	Secretary/Clerk	Paid
41	Janitor/Maintenance	Paid
42	Cook/Cook Aide	Paid
43	Driver/Driver Aide	Paid
44	Other Support Staff	Paid

Support Staff (Continued)

45	Secretary/Clerk	Volunteer
46	Janitor/Maintenance	Volunteer
47	Cook/Cook Aide	Volunteer
48	Driver/Driver Aide	Volunteer
49	Other Support Staff	Volunteer

c. MASTER CODE SHEET - CENTER STAFF ROSTER

Statement

Now I would like to get a clear picture of your total center staff including all regular weekly and occasional staff paid from center funds, paid by other agencies, working in exchange for day care for their own children, or volunteering their time.

First, I would like to start with you. Next, we'll cover any staff whose primary job is not in the classroom, including support staff such as ______________________________ (Center Secretary), maintenance staff, etc. and also specialists who do not come in on a regular basis.

Finally, I would like to go on to the classroom staff, first those who work with classroom groups having full-time three and four year olds, then any younger classroom groups, then those older.

CARD 7/CARD 8/CARD 9

d. Next we would like to ask about services you provide to children and their families and your staff activities.

d.1 Do you offer any of the following special services to children? (READ CATEGORIES) If YES, how often and to how many children? (CHECK ALL THAT APPLY)

				How Provided?			How Often?			To How Many Children? *		
Child Services	Yes	No		Dir.	Ind. (Referral)		Reg.	Occ.		Few	Many	
	01	02		01	02		01	02		01	02	
Special Education	( )	( )	60/61	( )	( )	62/63	( )	( )	64/65	( )	( )	66/67
Special Nutrition	( )	( )	68/69	( )	( )	70/71	( )	( )	72/73	( )	( )	74/75
Special Testing	( )	( )	6/7	( )	( )	8/9	( )	( )	10/11	( )	( )	12/13
Immunizations	( )	( )	14/15	( )	( )	16/17	( )	( )	18/19	( )	( )	20/21
Emergency Medical Care	( )	( )	22/23	( )	( )	24/25	( )	( )	26/27	( )	( )	28/29
Other Medical Care	( )	( )	30/31	( )	( )	32/33	( )	( )	34/35	( )	( )	36/37

d.2 Do you offer any of the following special services to families of the children enrolled? (READ CATEGORIES) If YES, how often and to how many families? (CHECK ALL THAT APPLY)

				How Provided?			How Often?			To How Many Families? *		
Family Services	Yes	No		Dir.	Ind. (Referral)		Reg.	Occ.		Few	Many	
	01	02		01	02		01	02		01	02	
Social Services	( )	( )	38/39	( )	( )	40/41	( )	( )	42/43	( )	( )	44/45
Health Services	( )	( )	46/47	( )	( )	48/49	( )	( )	50/51	( )	( )	52/53
Other Services (SPECIFY):	( )	( )	54/55	( )	( )	56/57	( )	( )	58/59	( )	( )	60/61
__________	( )	( )	62/63	( )	( )	64/65	( )	( )	66/67	( )	( )	68/69
__________	( )	( )	70/71	( )	( )	72/73	( )	( )	74/75	( )	( )	76/77
__________	( )	( )	6/7	( )	( )	8/9	( )	( )	10/11	( )	( )	12/13

CARD 10

* FEW = LESS THAN 50%

MANY = 50% OR MORE

CARD 10/CARD 11

d.3 Do you offer any of the following parent involvement activities?

(READ CATEGORIES) If YES, how often and how many parents participate?

(CHECK ALL THAT APPLY)				How Provided?			How Often?			To How Many Parents?*		
Parent Activities	Yes 01	No 02		Dir. 01	Ind. (Referral) 02		Reg. 01	Occ. 02		Few 01	Many 02	
Parent Conferences	( )	( )	14/15	( )	( )	16/17	( )	( )	18/19	( )	( )	20/21
Board Meetings	( )	( )	22/23	( )	( )	24/25	( )	( )	26/27	( )	( )	28/29
Parent Education	( )	( )	30/31	( )	( )	32/33	( )	( )	34/35	( )	( )	36/37
Social Activities	( )	( )	38/39	( )	( )	40/41	( )	( )	42/43	( )	( )	44/45
Parent Volunteers	( )	( )	46/47	( )	( )	48/49	( )	( )	50/51	( )	( )	52/53
Other Meetings	( )	( )	54/55	( )	( )	56/57	( )	( )	58/59	( )	( )	60/61
Other (SPECIFY):	( )	( )	62/63	( )	( )	64/65	( )	( )	66/67	( )	( )	68/69
______________	( )	( )	70/71	( )	( )	72/73	( )	( )	74/75	( )	( )	76/77
CARD 11 ______________	( )	( )	6/ 7	( )	( )	8/ 9	( )	( )	10/11	( )	( )	12/13
______________	( )	( )	14/15	( )	( )	16/17	( )	( )	18/19	( )	( )	20/21

* FEW = LESS THAN 50%

MANY = 50% OR MORE

d.4. How often would you say 3 and 4 year old classroom groups will take field trips between now and next June?

weekly	every other week	monthly	occasionally	never	22/23
( )01	( )02	( )03	( )04	( )05	☐☐

d.5 How often are meetings held for all classroom staff?

weekly	every other week	monthly	occasionally	never	24/25
( )01	( )02	( )03	( )04	( )05	☐☐

d.6 How often are meetings held for total staff? (Classroom plus all other staff?)

weekly	every other week	monthly	occasionally	never	26/27
( )01	( )02	( )03	( )04	( )05	☐☐

d.7 How often will you hold meetings with staff from one classroom?

weekly	every other week	monthly	occasionally	never	28/29
( )01	( )02	( )03	( )04	( )05	☐☐

d.8. How often will staff from one classroom hold meetings on their own?

weekly	every other week	monthly	occasionally	never	30/31
( )01	( )02	( )03	( )04	( )05	☐☐

CARD 11

e. Finally, I would like to ask you about your administrative organization.

e.1. Would you assist me in sketching an administrative organization chart for your center? I would like to include Sponsor Agencies as well as any governing or advisory boards. A sample organization chart is given on the following page.

e.2 Who, specifically, should we talk with to learn about your center's history and development including the initial planning and start-up?

Name______________________________

Position______________________________

Name______________________________

Position______________________________

Name______________________________

Position______________________________

Minutes to Complete: ☐☐ 62/63

Date Form Completed: ☐☐ / ☐☐ / ☐☐
64/65 month / 66/67 day / 68/69 year

Staff Providing Info & Minutes Required:

	mins.	
____________________	☐☐	70/71
____________________	☐☐	72/73
____________________	☐☐	74/75

Completed by:

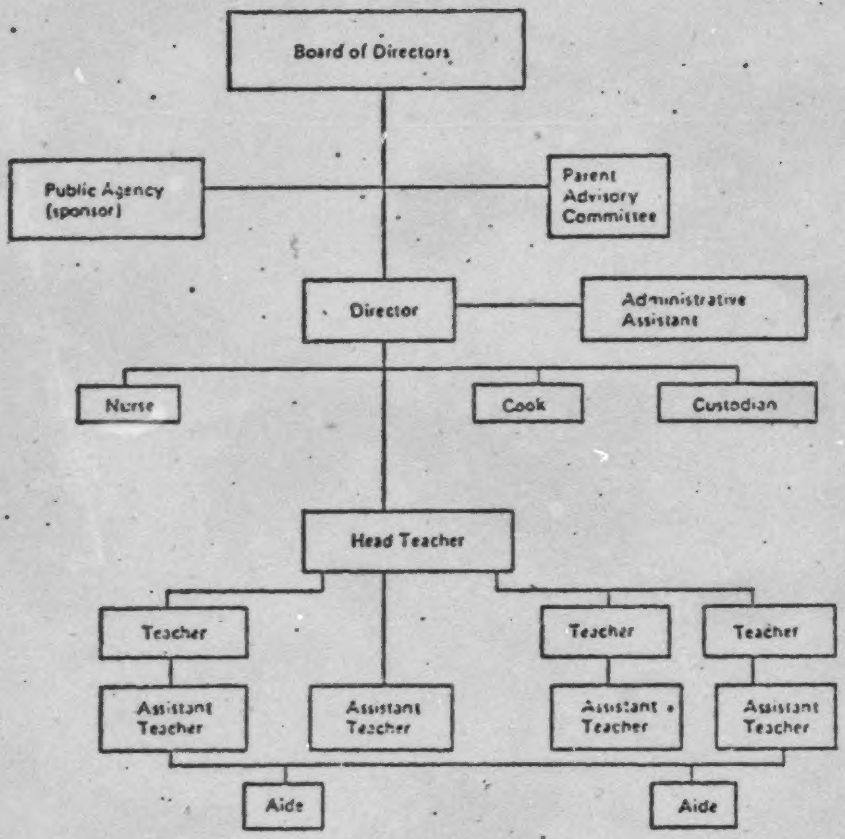
____

☐☐ 60/61

OFFICE USE ONLY
FORM CODE

☐☐ 76/77

SAMPLE ORGANIZATION CHART


Board of Directors
Public Agency (sponsor)
Parent Advisory Committee
Director
Administrative Assistant
Nurse
Cook
Custodian
Head Teacher
Teacher
Teacher
Teacher
Assistant Teacher
Assistant Teacher
Assistant Teacher
Assistant Teacher
Aide
Aide

BASELINE CENTER PROFILE: LEAD TEACHER INTERVIEW

OMB # 85R-0283
Expires: 6/30/76

1.B. BASELINE CENTER PROFILE - LEAD TEACHER INTERVIEW

STATEMENT

Last spring when we visited your center, we collected information on child enrollment, attendance and activity schedules in all classroom groupings serving at least some 3 and/or 4 year olds who attend 4 or 5 days/week at least 7 hours/day.

The purpose of the visit today is to establish a clear picture of your classroom group's composition by developing a Master Roster for the children, and staff in your classroom. The Roster will include the child's parent or guardian's name so we can send a letter inviting them to participate in the study and explaining our confidentiality procedures. No parent will be interviewed or child tested without parental permission.

1.b.1 CHILD AND STAFF ROSTERS: INSTRUCTIONS

- From the Director Interview (Staff Roster), copy names of persons assigned to this classroom. PROBE with the teacher for additional persons that might have been missed by the Director (e.g. volunteers, part-time workers).
- Include persons who work regularly in the classroom, at least once a week. (Do not include occasional staff).
- Obtain schedule information for this class for each person listed. (Be sure to include the teacher being interviewed.)
- Proceed to obtain the child information including name, parent/guardian name, address, telephone, scheduled attendance, age, race and sex.
- When you return to the Site office, make copies of the child roster and distribute immediately as follows:

  2 copies delivered to Parent Coordinator
  2 copies mailed to SRI
  1 copy returned to the Center Secretary
  1 copy mailed to Abt Cambridge

Item Instructions - Child Roster

(1) Child Name - List all children assigned to the classroom alphabetically by last name. Include full first name and nickname where applicable.

(2) Parent Name - Enter parent or guardian first name and last name if different from the child. List as parent or guardian the person whom the center would typically contact about the child.

(3)-(4) Address and Telephone - Record the full mailing address including the zip code. Enter the home phone number in column (4).

For Office Use Only - This column will be used by Abt staff in Cambridge to assign a computerized ID number.

(5) Attendance Schedule - Record the child's typical attendance schedule as of this week. If the schedule changes from week to week, record this week's schedule and note changes in the comments section. If the child is assigned to more than one classroom, only record the schedule for this classroom. For the second classroom, record the classroom ID (space code, teacher last name, age range) of the second assignment in the comments section.

(6) Target Child - Check this column if the child is scheduled to attend at least four days per week and seven hours per day and is between 2 years 9 months and 4 years 9 months of age as of September 1975.

(7) Date of Enrollment - Enter the date the child was first enrolled in the center, whether in another classroom or this one.

(8) Date of Birth - Enter the month, day and year of birth.

(9)-(10) Sex, Race - Enter the appropriate code letter. Be sure to ask about sex of a child when the name (e.g. Chris) doesn't give a clear indication.

(11) Comments

National Day Care Study

Abt Associates Inc.

MASTER CODE SHEET—CLASSROOM CHILD ROSTER

Center ____________________

Site ____________________

Filled out by ____________________

Date month ☐☐ (18/19) / day ☐☐ (20/21) / year ☐☐ (22/23)

Classroom ID: Space Code ☐☐ (08/09)

Lead Teacher ____________________

Age Range of Class: yrs. ☐☐ (10/11) mos. ☐☐ (12/13) to yrs. ☐☐ (14/15) mos. ☐☐ (16/17)

Alphabetical Listing of Children (1) Child's Last Name	First Name & Nickname	(2) Parent/ Guardian Name	(3) Address and Zip Code	(4) Telephone	FOR OFFICE USE ONLY 1/2/3/4/5/6/7	Attendance Schedule M 24-27 28-31	T 32-35 36-39	W 40-43 44-47	Th 48-51 52-55	F 56-59 60-63	S 64-67 68-71	(6) Child Target 8/9	(7) Date Enrolled Mo/Day/Yr 10/11/12/13/14/15	(8) Date of Birth Mo/Day/Yr 16/17/18/19/20/21	(9) Sex* 22-23	(10) Race* 24-25	(11) Comments

Item Instructions: Staff Roster

(1) **Last name, first name** - Record the full name of each person who works in this classroom. Include everyone who works at least once a week.

For Office Use Only - This column will be used by Abt staff in Cambridge to assign a computerized ID number.

(2) **Primary Job/Secondary Job** - List the person's job title(s) in the center. Enter RPIS job codes next to the job title(s).

(3) **Schedule in the Classroom** - Record the time the staff person begins and ends work *in this classroom* each day. If the staff person works a split shift (i.e., 9:00 a.m. to 11:00 and 3:00 to 5:00 each day), enter both pairs of starting and stopping times by crossing out the next line on the roster and using the second set of schedule boxes. If schedules change from week to week make a note in the comments section.

(4) **Weekly Hours in Class** - Enter the total number of hours actually spent weekly in *this* class, *excluding* time away for regular staff meetings, lunch away from the children, and breaks amounting to 1/2 hour or more.

(5) **Comments**

RPIS JOB CODES

Paid	Vol.	
10	15	Director/Assistant Director
11	16	Bookkeeper/Accountant
12	17	Other Administrative Staff
20	25	Teacher
21	26	Assistant Teacher/Aide
22	27	Substitute Teacher
23	28	Other Classroom Staff

Paid	Vol.	
30	36	Social Worker
31	37	Education Specialist
32	38	Other Program Staff
40	45	Secretary/Clerical
41	46	Janitor/Maintenance
42	47	Cook/Cook Aide
43	48	Driver/Driver Aide
44	49	Other Support Staff

National Day Care Study

Abt Associates Inc.

MASTER CODE SHEET - - CLASSROOM STAFF ROSTER

Center ______________________

Site ______________________

Filled out by ______________________

Date month ☐☐ 18/19 / day ☐☐ 20/21 / year ☐☐ 22/23

Classroom ID: Space Code ☐☐ 08/09

Lead Teacher ______________________

Age Range of Class: yrs. ☐☐ 10/11 mos. ☐☐ 12/13 to yrs. ☐☐ 14/15 mos. ☐☐ 16/17

Staff Listing — Alphabetical (From Staff Roster)

(1) Last Name First Name	FOR OFFICE USE ONLY 1 2 3 4 5 6 7	(2) Primary Job* Secondary Job	24/25 26/27	Schedule in this class 28-31 M 32-35	36-39 T 40-43	44-47 W 48-51	52-55 Th 56-59	60-63 F 64-67	68-71 S 72-75	(4) Weekly Hours in Class CARD 2 8 9 10 11	(5) Comments

1.b.2 TYPICAL DAY ACTIVITY SCHEDULE

"In order to give us an accurate picture of the activity schedule of children in your classroom, I would like your help in mapping your typical day. Here is an example of a day in a center in Boston, Massachusetts."

"You can see there is quite a complex pattern of children arriving and departing and the way they are grouped for activities. Some of them are with younger and older children at the beginning of the day, at lunch, and during the last hour."

"I'd like to fill out the same kind of schedule for a typical day in your calssroom."

(1) "Let's start with your children's arrival times. When do the first children get to the center?"

COMPLETE ARRIVAL COLUMN FIRST. INCLUDE CUMULATIVE TOTALS IN BRACKETS AND CONTINUE UNTIL TOTALS EQUAL CURRENT ENROLLMENT OF CHILD ROSTER.

(2) "Now let's do departure." (REPEAT INSTRUCTIONS FOR ARRIVAL COLUMN)

(3) "Let's do your daily activity schedule."

ASK THE TEACHER TO DESCRIBE EACH ACTIVITY AND THE TIME IT BEGINS. REMIND THE TEACHER TO INDICATE WHEN CHILDREN ARE IN SEPARATE GROUPS OR DIFFERENT ROOMS.

(4) "Finally, let's go over the group arrangements. We need to know the total number of children participating in the activity, where they are located, the ages of children who are not usually in the classroom grouping and the number of staff usually present."

CODE: K = # of children

P = Space Plan ID

A = Ages of children from other groups

S = # of staff generally present

NOTE: If a staff person is supervising more than one activity, the staff person should be coded in fraction.

If there is more than one activity per time period and/or children are working in different spaces in the center, divide the column into the number of activities and code each one separately.

National Day Care Study

Abt Associates Inc.

CARD 1/3

OFFICE USE ONLY ☐☐☐☐☐☐☐ 01/02/03/04/05/06/07

Boston Center
Example

TYPICAL ACTIVITY SCHEDULE

(1) Classroom ID:

Space Code ☐☐ 08/09

Lead Teacher ____

Age Range of Class: yrs. ☐☐ 10/11 mos. ☐☐ 12/13 to yrs. ☐☐ 14/15 mos. ☐☐ 16/17

Enter No. and (Cumulative Total)

K = # of Kids
P = Space Code
A = Ages of Kids From Other Groups
S = # of Staff Usually Present

Arrive	Depart		Activity				Groupings			
3(3) 18-20	21-23	6:00	Center Opens 6:00				K=8, P=02, A=2,4			
24-26	27-29	6:30					S=1			
30-32	33-35	7:00	FREE PLAY							
7(10) 36-38	39-41	7:30	BREAKFAST				K=10	K=12		
42-44	45-47	8:00					P=03	P=02		
10(20) 48-50	51-53	8:30					A=2,4	A-4		
7(27) 54-56	57-59	9:00	FREEPLAY				S=2	S=2		
60-62	63-65	9:30					K=27, P=03, A=0			
66-68	69-71	10:00	STORY TIME				S=4			
72-74	75-77	10:30	IND. ED. Activity	outdoor			K=13, P=03	K=26, P=07		
8-10	11-13	11:00	CARD 2	PLAY			S=1, A=0	S=1, A=4		
14-16	17-19	11:30 -	outdoor	Ind. Ed.			K=28, P=07	K=14, P=02		
20-22	23-25	12:00	PLAY	Activity			A=4, S=1	A=0, S=1		
26-28	29-31	12:30					K=56, P=05, A=2,4			
32-34	2(25) 35-37	1:00	LUNCH				S=8			
38-40	41-43	1:30					K=39, P=05, A=2			
44-46	47-49	2:00	NAP TIME				S=6			
50-52	53-55	2:30								
56-58	7(18) 59-61	3:00	WATER			Finger	K=4	K=5	K=4	K=5
62-64	65-67	3:30	PLAY	BLOCKS	DOLLS	PAINTS	P=03	P=03	P=03	P=03
							A=0	A=0	A=0	A=0
68-70	71-73	4:00					S=1	S=1/2	S=1/2	S=1
8-10	10(8) 11-13	4:30	CARD 3				K=18/8, P=03, A=0			
14-16	2(6) 17-19	5:00	TV:				S=2			
20-22	23-25	5:30	Sesame St.				K=11, P=02, A=2,4			
26-28	6(0) 29-31	6:00	CARTOONS				S=1			
32-34	35-37	6:30	Center Closes at 6:00							
38-40	41-43	7:00								
44-46	47-49	7:30								
50-52	53-55	8:00								
		Total								

tional Day Care Study

Abt Associates Inc.

CARD 1/3

OFFICE USE ONLY ☐☐☐☐☐☐☐
01/02/03/04/05/06/07

TYPICAL ACTIVITY SCHEDULE

(1) Classroom ID: Space Code ☐☐ 08/09

Lead Teacher ____________________

Age Range of Class: yrs. ☐☐ 10/11 mos. ☐☐ 12/13 to yrs. ☐☐ 14/15 mos. ☐☐ 16/17

Enter No.
nd Cumulative
To

K = # of Kids
P = Space Code
A = Ages of Kids From Other Groups
S = # of Staff Usually Present

Arrive	Depart		Activity	Groupings
18-20	21-23	6:00		
24-26	27-29	6:30		
30-32	33-35	7:00		
36-38	39-41	7:30		
42-44	45-47	8:00		
48-50	51-53	8:30		
54-56	57-59	9:00		
60-62	63-65	9:30		
66-68	69-71	10:00		
72-74	75-77	10:30		
8-10	11-13	11:00	CARD 2	
14-16	17-19	11:30		
20-22	23-25	12:00		
26-28	29-31	12:30		
32-34	35-37	1:00		
38-40	41-43	1:30		
44-46	47-49	2:00		
50-52	53-55	2:30		
56-58	59-61	3:00		
62-64	65-67	3:30		
68-70	71-73	4:00		
8-10	11-13	4:30	CARD 3	
14-16	17-19	5:00		
20-22	23-25	5:30		
26-28	29-31	6:00		
32-34	35-37	6:30		
38-40	41-43	7:00		
44-46	47-49	7:30		
50-52	53-55	8:00		
		Total		

STAFF BACKGROUND QUESTIONNAIRE

OMB# 85R-0283
Expires 6/30/76

National Day Care Study

Abt Associates Inc

STAFF BACKGROUND QUESTIONNAIRE

The Staff Background Questionnaire is to be completed during the month of September with the Director and each caregiver who works with full-time three and four year old children.

Statement of Confidentiality

I would like to ask some questions about you, your work experience and your education. This information will help the National Day Care Study understand better the background of people who are working in day care. We can then determine what combinations of education and experience are most important for caregivers working with young children.

If you were with the center last spring and interviewed by our Study staff, some of these questions will seem familiar. We need to review the information to make certain that it is accurate and up-to-date.

Your participation is completely voluntary and any information you give us will be held strictly confidential. Under no circumstances will data on any individual be reported by name, either at this time or during the study.

Are you willing to answer questions about yourself, your work experience and your education?

☐ yes

☐ no

------------(FOR MASTER CODE: DESTROYED AFTER VERIFICATION)------------

Name ______________________________

Staff Background Questionnaire - Item Instructions

A-1
- Record the month and year that the staff member formally began working at the center on a regular basis, whether or not he/she was being paid.
- Don't record the date a staff member began working as an occasional substitute or occasional volunteer.

A-2
- Using the starting date recorded in A-1, record number of years staff member has been at the center (for verification of starting date) rounding to nearest half year.
- Record each position held, in chronological order, beginning with the first position. Use the back of the sheet if necessary to enter additional positions.
- Center job title should be written on the line-provided and the 2-digit numeric code of the functional position which most closely corresponds to the exact job title should be entered in the coding boxes. Note that to assign the appropriate job code, you will have to establish whether the staff member is paid or is a volunteer.

Paid	Vol	
10	15	Director/Assistant Director
11	16	Bookkeeper/Accountant
12	17	Other Administrative Staff
20	25	Teacher
21	26	Assistant Teacher/Aide
22	27	Substitute Teacher
23	28	Other Classroom Staff

Paid	Vol	
30	36	Social Worker
31	37	Education Specialist
32	38	Other Program Staff
40	45	Secretary/Clerical
41	46	Janitor/Maintenance
42	47	Cook/Cook Aide
43	48	Driver/Driver Aide
44	49	Other Support Staff

- Current job should be recorded with the stopping month left blank and "99" entered under the stopping year. (This will make it clear that the job is current and that the stopping date wasn't omitted by error.
- If the same job has been held at 2 or more different times with more than a 6 month break or if the staff member has worked at the same job on both a full and part-time basis (for longer than 6 months each) record each time separately.
- If space to record data is insufficient insert lines between printed lines or at the bottom of the page.
- If 2 or more positions have been held simultaneously, record each one separately--overlapping dates will indicate that the jobs were or are simultaneous.
- If the staff member was working in a full-time capacity and held 2 or more jobs, each of the jobs should be checked as a full-time job. If the staff member was working in a part-time capacity (less than 30 hours per week total), and held 2 or more jobs, each job should be checked as part time.

CARD 1/CARD 2

OFFICE USE ONLY

☐	☐	☐	☐	6	☐	☐
1	2	3	4	5	6	7

Staff Alpha Code ☐☐☐☐☐☐☐☐☐☐

8 9 10 11 12 13 14 15 16 17

Center ______________________________

Site ______________________________

A. PREVIOUS EXPERIENCE WORKING WITH CHILDREN 0-7 YEARS OF AGE.

First we would like some information about your experience working with children under seven years old.

A-1. When did you start working in this center?

Starting Date: ☐☐ (18/19) month / ☐☐ (20/21) year

A-2. You've been here ____ years. During that time what positions, including your current position(s), have you held with this center? Let's start with your first position. Do you currently hold any other position? (RECORD ONLY POSITIONS WHICH WERE HELD FOR AT LEAST 6 MONTHS UNLESS THE POSITION IS CURRENTLY BEING HELD.)

Position	Job Code	STARTING DATE Month	/ Year	STOPPING DATE (ENTER 99 UNDER YEAR IF POSITION IS STILL HELD.) Month	/ Year	01 FT (CHECK	02 PT ONE)	
____________	☐☐ 22/23	☐☐ 24/25	☐☐ 26/27	☐☐ 28/29	☐☐ 30/31	( )	( )	☐☐ 32/33
____________	☐☐ 34/35	☐☐ 36/37	☐☐ 38/39	☐☐ 40/41	☐☐ 42/43	( )	( )	☐☐ 44/45
____________	☐☐ 46/47	☐☐ 48/49	☐☐ 50/51	☐☐ 52/53	☐☐ 54/55	( )	( )	☐☐ 56/57
____________	☐☐ 58/59	☐☐ 60/61	☐☐ 62/63	☐☐ 64/65	☐☐ 66/67	( )	( )	☐☐ 68/69
			CARD 2					
____________	☐☐ 70/71	☐☐ 72/73	☐☐ 74/75	☐☐ 8/9	☐☐ 10/11	( )	( )	☐☐ 12/13
____________	☐☐ 14/15	☐☐ 16/17	☐☐ 18/19	☐☐ 20/21	☐☐ 22/23	( )	( )	☐☐ 24/25
____________	☐☐ 26/27	☐☐ 28/29	☐☐ 30/31	☐☐ 32/33	☐☐ 34/35	( )	( )	☐☐ 36/37

A-3

- If the staff member has previously worked in one or more other day centers, A-3 should be checked "yes".

A-4

- Answer A-4 if A-3 was checked "yes".
- Enter each center name beginning with the last center the staff member worked at before coming to this center.
- Enter starting and stopping dates (month and year).
- Indicate whether job primarily involved administrative work (director, bookkeeper, etc.), teaching in the classroom, educational specialization, or support work.
- Indicate whether job was full or part-time.
- Only record jobs which lasted six months or more.
- If, while at the same center, the staff member held more than one kind of job (classroom, administrative, etc.) for more than six months or changed her status (full or part-time), record each event. separately on a new line with the corresponding dates and work/status indicators entered.
- Additional entries may be made between the lines.

A-5

- If the staff member has previous experience working in preschool programs or other early childhood settings with children under the age of 7, not including day care centers, A-5 should be answered "yes".

CARD 2/CARD 3

A-3. Have you previously worked in other day care centers?

No ( ) 02 ⟶ SKIP TO QUESTION A-5

Yes ( ) 01

38/39

A-4. In which other centers have you worked?
(RECORD ONLY THOSE JOBS WHICH LASTED AT LEAST SIX MONTHS.)

	STARTING DATE		STOPPING DATE		JOB FUNCTION (CHECK ONLY ONE)					JOB STATUS check one			
Center Name	Month	Year	Month	Year	01 Administrative	02 Classroom 1) Teaching Responsibility	03 2) Assistant	04 Program Specialist	05 Support	FT 01	PT 02		
____________	40/41	42/43	44/45	46/47	( )	( )	( )	( )	( )	( )	( )	48/49	50/51
____________	52/53	54/55	56/57	58/59	( )	( )	( )	( )	( )	( )	( )	60/61	62/63
____________	64/65	66/67	68/69	70/71	( )	( )	( )	( )	( )	( )	( )	72/73	74/75
CARD 3 ____________	8/9	10/11	12/13	14/15	( )	( )	( )	( )	( )	( )	( )	16/17	18/19

A-5. Have you worked in any other pre-school programs or early childhood education settings?

No ( ) 02 ⟶ SKIP TO QUESTION B-1.

Yes ( ) 01

20/21

81

A-6
- A-6 should be answered only if A-5 was answered "yes".
- Any work experience which the staff member may have had with children under 7, excluding work in day care centers, should be recorded, beginning with the most recent job.
- Briefly describe the type of setting and enter corresponding numeric code in the coding boxes.

  01 Head Start
  02 Nursery School
  03 K-1
  04 Other Elementary Grades
  05 Home care - other people's children
  06 Church
  07 Summer Camp
  08 Other: SPECIFY

- Starting and stopping dates, job description category and status should be recorded as described in A-4 above.
- Do not include field placement of six months or less.

CARD 3/CARD 4

A-6. In what other pre-school or educational settings for children under 7 have you worked for more than six months?

SETTING	Setting Code	STARTING DATE Month	/ Year	STOPPING DATE Month	/ Year	JOB FUNCTION 01 Administrative	02 Classroom 1) Teaching Responsibility	03 2) Assistant	04 Program Specialist	05 Support	JOB STATUS 01 FT	02 PT		
						(CHECK ONLY ONE)					check one			
	22/23	24/25	26/27	28/29	30/31	( )	( )	( )	( )	( )	( )	( )	32/33	34/35
	36/37	38/39	40/41	42/43	44/45	( )	( )	( )	( )	( )	( )	( )	46/47	48/49
	50/51	52/53	54/55	56/57	58/59	( )	( )	( )	( )	( )	( )	( )	60/61	62/63
	64/65	66/67	68/69	70/71	72/73	( )	( )	( )	( )	( )	( )	( )	74/75	76/77
CARD 4	8/9	10/11	12/13	14/15	16/17	( )	( )	( )	( )	( )	( )	( )	18/19	20/21
	22/23	24/25	26/27	28/29	30/31	( )	( )	( )	( )	( )	( )	( )	32/33	34/35
	36/37	38/39	40/41	42/43	44/45	( )	( )	( )	( )	( )	( )	( )	46/47	48/49
	50/51	52/53	54/55	56/57	58/59	( )	( )	( )	( )	( )	( )	( )	60/61	62/63
	64/65	66/67	68/69	70/71	72/73	( )	( )	( )	( )	( )	( )	( )	74/75	76/77

B-1 • If staff member has held any other jobs that are not child-related, B-1 should be answered "yes".

B-2 • All job experience not recorded in section A should be recorded in question B-2.

- Briefly describe the specific job(s) (e.g., social worker, secretary, sales clerk, etc.) on the line corresponding to the job category.

- Record the total years experience, rounded to the nearest year.

B. OTHER WORK EXPERIENCE.

CARD 5

Next we would like to know about any other work experience you have had which was not concerned with day care or early childhood education.

B-1. Have you held any other non-child related jobs?

No ( ) 02 → SKIP TO QUESTION C-1.

Yes ( ) 01

☐☐ 8/9

B-2. What types of jobs were they? (Enter only jobs held more than six months.)

	Position	Specific Job	Years Experience
01	Other Educational Settings: (high school, college, social service, social worker, counselor, minister, etc.)		
02	Health Services: (nurse, physical therapist, etc.)		
03	Other Professional: (scientist, analyst, accountant, etc.)		
04	Service: (beautician, practical nurse, private household worker, waitress, etc.		
05	Clerical: (bank teller, bookkeeper, secretary, typist, etc.		
06	Manager, Administrator: (sales manager, office manager, government official, etc.)		
07	Sales: (salesman, sales clerk, real estate broker, etc.)		
08	Proprietor or Owner: (owner of a small business, contractor, etc.)		
09	Other		

FOR OFFICE USE ONLY

	JOB	YRS. EXP.
1	☐☐ 10/11	☐☐ 20/21
2	☐☐ 12/13	☐☐ 22/23
3	☐☐ 14/15	☐☐ 24/25
4	☐☐ 16/17	☐☐ 26/27
5	☐☐ 18/19	☐☐ 28/29

C-1
- Circle the number which corresponds to the last year of schooling which the staff member has completed.
- If the staff member has a GED but only finished tenth grade, circle "12".
- If the staff member did not finish high school and does not have a GED, but nonetheless has schooling beyond high school circle the last level completed beyond high school.
- A full year's work at any level should have been completed before the year is circled.
- Vocational/technical training beyond high school should be recorded under "college".

C-2
- Beginning with high school diploma, list all degrees which the staff member has obtained, and the associated major area of interest or specialization.
- Assign the Degree and Specialization codes which most closely correspond to the staff member's response using the following code categories:

Diplomas/Degrees

01	High School Diploma
02	GED
03	Vocational/Technical (post High School)
04	Associate's Degree
05	Bachelor's Degree
06	Master's Degree
07	Ph.D., Ed.D or Equivalent
08	Other (Specify)

Specialization Areas

01	Day Care
02	Early Child Education
03	Elementary Education
04	Secondary Education
05	Special Education
06	Other Education
07	Child Development/ Child Psychology
08	Psychology (other than Child Psychology)
09	Humanities (English, history, languages, etc.
10	Arts (arts, music, etc.)
11	Social Work (family counseling, etc.)
12	Social Sciences (sociology, pol. science, etc.)
13	Physical and Natural Sciences (biology, math, chemistry, etc.)
14	Health professions (physical therapy, nursing, etc.)
15	Business (business admin., other admin., secretarial)
16	Physical Education (physical education, dance, etc.)
17	Home economics (nutrition, home economics, etc.)
18	Other

- If the staff member has two or more degrees at the same level (i.e., two Master's Degrees), list each one with its associated area of interest.
- Special degrees or programs requiring at least a full year's course work should be included--for example, record Atlanta Area Tech degree as "Atlanta Area Tech."

C-3
- "Currently expecting to complete a degree" requires that the staff member has applied to, been accepted for or is currently enrolled in a degree program. "Planning to go back to school someday" should not be recorded here.
- If the staff member is currently enrolled in a degree program, even if it isn't a full time program or if he/she has taken a leave of absence from the program, C-4 should be checked "yes".

C-5
- C-5 should be answered only if C-4 was checked "yes".
- The type of degree being obtained and the major area of interest or specialization should be entered on the appropriate lines using the codes provided on this page.

CARD 5

C. EDUCATIONAL BACKGROUND

We would now like to find out about your educational background.

C-1. How many years of schooling have you completed?
(CIRCLE LAST YEAR OF SCHOOL COMPLETED.)

☐☐ 30/31

Elementary & High School	1 2 3 4 5 6 7 8 9 10 11 12
College	13 14 15 16
Graduate School	17 18 19 20+

C-2. What diplomas and degrees have you obtained? In which areas did you specialize or major while obtaining this (these) degree(s)? BEGIN WITH HIGH SCHOOL.

Diploma or Degree	Degree Code	Area of Specialization	Specialization Code
____________	☐☐ 32/33	____________	☐☐ 34/35
____________	☐☐ 36/37	____________	☐☐ 38/39
____________	☐☐ 40/41	____________	☐☐ 42/43
____________	☐☐ 44/45	____________	☐☐ 46/47
____________	☐☐ 48/49	____________	☐☐ 50/51
____________	☐☐ 52/53	____________	☐☐ 54/55

C-3. Are you currently expecting to complete a degree?

No ( ) 02 → SKIP TO QUESTION C-6.
Yes ( ) 01 ↓

☐☐ 56/57

C-4. Are you currently enrolled in a program?

No ( ) 02 → SKIP TO QUESTION C-7.
Yes ( ) 01 ↓

☐☐ 58/59

C-5. What type of degree(s) do you expect to obtain? What is your major area of interest or specialization?

Diploma or Degree	Degree Code	Area of Specialization	Specialization Code
____________	☐☐ 60/61	____________	☐☐ 62/63

C-6 ● If the staff member worked with children under 7 for six or fewer months as a part of a formal training program, C-6 should be checked "yes".

C-7 ● C-7, C-8 should be answered only if C-6 was checked "yes".

● The total number of such field placements should be entered in C-7.

C-8 ● The number of field placements (by length of placement) should be recorded in C-8; the three entries in C-8 boxes should total the number listed in C-7.

● If any field placement lasted more than six months, it should be recorded in the appropriate job experience.

C-9 ● C-9 should be checked "yes" if the staff member has either a legal document, granted by a licensed authority, allowing her to teach, or a special certificate granted by an educational institution, council, or day care organization, confirming that she has completed a program of course work specifically related to day care administration or the care and teaching of young children.

● Do not include any certificates awarded upon the completion of a single course, workshop, etc. unless the course is required by a licensing authority (or similar public agency).

C-10 ● Indicate with a check mark the areas of certification and who granted the certification.

CARD 5/CARD 6

C-6. Have you participated in supervised practice teaching, student internship or field placements with children under seven years of age as part of your degree work or vocational training?

No ( ) 02 → SKIP TO QUESTION C-9.
Yes ( ) 01

64/65

C-7. How many such placements have you completed?

Number ☐☐ 66/67

C-8. How many of the _____ placements lasted:

Less than 1 month	☐☐	68/69
1 - 3 months	☐☐	70/71
4 - 6 months	☐☐	72/73

C-9. Have you obtained any certificates in day care administration, child care, preschool education or any other educational area relating to young children?

No ( ) 02 → SKIP TO QUESTION C-11.
Yes ( ) 01

74/75

C-10. In what areas are you certified and by whom was the certification granted? (CHECK ALL THAT APPLY.)

CARD 6

	Granted by:				
Area	State	College	Prof Assoc.	Other (SPECIFY)	
Early Childhood Ed.	( )	( )	( )	( )	8/9/10/11
Preschool Education	( )	( )	( )	( )	12/13/14/15
Nursery Practices	( )	( )	( )	( )	16/17/18/19
Kindergarten	( )	( )	( )	( )	20/21/22/23
Elementary Ed.	( )	( )	( )	( )	24/25/26/27
Secondary Ed.	( )	( )	( )	( )	28/29/30/31
Other: (SPECIFY) ____________	( )	( )	( )	( )	32/33/34/35

C-11

- Only courses, workshops and training sessions which the staff member has completed in the past three years or which she is currently taking should be recorded.
- Do not include courses wich were taken as part of a degree program.
- The number of courses, workshops, etc. completed should be recorded in the first column of boxes, and the number of courses which are currently being taken should be entered in the second column of boxes.

C-12

- If the staff member would like to have any additional training or formal education C-12 should be checked "yes".

C-13

- C-13 should be answered only if C-12 was checked "yes".
- Check the kind of education program in which the staff member would like to participate.
- If the staff member indicates that several types of training programs would be helpful, ask her to indicate the one which would be most helpful or feasible at the present time.
- Only one response should be checked.

CARD 6/CARD 7

C-11. I would like to find out how many courses, workshops, and/or training sessions you have completed in each of the following areas. I would also like to know what courses or training you are currently taking in these areas. (ENTER ALL THAT APPLY)

		Number Completed	Number Currently Taking
01	Day care administration	☐☐ 36/37	☐☐ 38/39
02	Use of materials in day care	☐☐ 40/41	☐☐ 42/43
03	Day care teaching	☐☐ 44/45	☐☐ 46/47
04	Day care curriculum development	☐☐ 48/49	☐☐ 50/51
05	Child development/psychology	☐☐ 52/53	☐☐ 54/55
06	Family life/counseling	☐☐ 56/57	☐☐ 58/59
07	Human relations	☐☐ 60/61	☐☐ 62/63
08	Creative arts	☐☐ 64/65	☐☐ 66/67
09	Child play/recreation	☐☐ 68/69	☐☐ 70/71
10	Health/nutrition	☐☐ 72/73	☐☐ 74/75
11	Other: SPECIFY	☐☐ 8/9	☐☐ 10/11
	____________________	☐☐ 12/13	☐☐ 14/15
	____________________	☐☐ 16/17	☐☐ 18/19

CARD 7

C-12. Would you like to have additional training or formal education to help you in your work?

No ( ) 02 → SKIP TO SECTION D.

Yes ( ) 01

☐☐ 20/21

C-13. How would you like to receive this training? (CHECK ONLY ONE.)

01 ( ) Through workshops or training programs

02 ( ) Through formal course work

03 ( ) Through a degree program

04 ( ) Other: SPECIFY

____

☐☐ 22/23

C-14
- Check categories of interest expressed by staff member.
- Check up to three categories.

CARD 7

C-14. In which of the following areas would you like to receive more training? (CHECK UP TO THREE.)

01	Day care administration	( )
02	Use of materials in day care programs	( )
03	Day care teaching	( )
04	Day care curriculum development	( )
05	Child development/psychology	( )
06	Family life/counseling	( )
07	Human relations	( )
08	Creative arts	( )
09	Child play/recreation	( )
10	Health/nutrition	( )
11	Other: SPECIFY ______________________________ ______________________________	( )

☐☐ 24/25

☐☐ 26/27

☐☐ 28/29

D-1

- Record the staff member's birth month, day, and year.
- If she is reluctant to give this information, estimate her age and enter in the margin (i.e., leave the boxes blank).

D-2

- Record the number of persons who currently are living in the staff member's home.
- Include all children, parents, relatives or other persons who live in the household.

D-3

- D-3 should be checked "yes" if the staff member has either natural or adopted children, whether or not they presently live at home.
- Include any foster children who are currently being cared for by the staff member.
- Do not include former foster children.

D-4

- Enter the total number of children the staff member has, as described in D-3.

D-5

- Enter the total number of children according to the children's age ranges.
- The total number of children recorded in D-5 should equal the number entered in D-4.

D-6

- Question D-6 should be checked "yes" if any natural, adopted or foster child is currently enrolled in this day care center, whether or not he is enrolled full time.

D-7

- D-7 should be answered only if D-6 was checked "yes".
- Enter the total number of children of the staff member who are enrolled at this day care center.
- Include any children who are given after school care at the center.

CARD 8

D. PERSONAL BACKGROUND

Finally, we would like to ask you some questions about your background and family.

Mo. Day Year

D-1. What is your date of birth? ____/____/____ ☐☐ 30/31
(IF PERSON REFUSES -- ESTIMATE)

D-2. How many persons are there in your household?
SPECIFY NUMBER ☐☐ 32/33

D-3. Do you have any children? ☐☐ 34/35
No ( ) 02 → SKIP TO QUESTION D-11.
Yes ( ) 01 ↓

D-4. How many children do you have?
SPECIFY NUMBER ☐☐ 36/37

D-5. How many are:
Under 3 years old ☐☐ 38/39
3-5 years old ☐☐ 40/41
6-12 years old ☐☐ 42/43
13-18 years old ☐☐ 44/45
Over 18 years old ☐☐ 46/47

D-6. Are any of your children enrolled in this day care center? ☐☐ 48/49
No ( ) 02 → SKIP TO QUESTION D-8.
Yes ( ) 01 ↓

D-7. How many are enrolled here?
SPECIFY NUMBER ☐☐ 50/51

D-8
- If any natural, adopted or foster children are currently being cared for using a day care arrangement which does not involve this center, D-8 should be checked "yes".

D-9
- The total number of children receiving another form of day care should be entered in D-9.

D-10
- All of the types of day care which the staff member is regularly using should be checked in D-10.
- If one child regularly receives two or more types of day care, check each type.

D-11
- D-11 should be checked only if the staff member is being paid for working outside this day care center.
- Include both day care and non-day care positions.
- Do not include volunteer work or caring for one's own family.

D-12
- D-12 should be answered only if D-11 was checked "yes".
- Enter the number of additional hours worked per week.
- If this number varies from week to week, ask the staff member to estimate the average number of hours worked per week during the past 6 months.

D-13
- If the staff member has other sources of income, either from jobs held by other family members, alimony and/or child support, income from rental properties or investments, etc. D-13 should be checked "yes".

CARD 8

D-8. Are you currently using other day care arrangements for any of your children?

No ( ) 02 → SKIP TO QUESTION D-11

Yes ( ) 01 ↓

52/53

D-9. How many are receiving another form of child care?

SPECIFY NUMBER : ☐☐ 54/55

D-10. What types of day care are you using? (CHECK ALL THAT APPLY.)

Day care center	( )	56/57
Nursery school	( )	58/59
Licensed family day care home	( )	60/61
Own home	( )	62/63
Another home	( )	64/65
Other: SPECIFY	( )	66/67

____

D-11. Are you holding any other jobs in addition to your day care position?

No ( ) 02 → SKIP TO QUESTION D-13

Yes ( ) 01 ↓

68/69

D-12. How many hours per week do you work at other jobs?

SPECIFY HOURS ☐☐ 70/71

D-13. Are there any other sources of income in your household other than from your job(s)?

No ( ) 02 → SKIP TO QUESTION D-15

Yes ( ) 01 ↓

72/73

D-14

- D-14 should be answered only if D-13 was checked "yes".
- If the staff member's salary from the day care position plus her salary from any other jobs which she may be holding provides at least half of the regular family income, D-14 should be checked "yes".

D-15

- The concept of "neighborhood" is difficult to define precisely. Hence the staff member should be allowed to define "neighborhood" subjectively - i.e., if, in her opinion, she lives in the same neighborhood, "yes" should be checked; otherwise "no" should be indicated.

D-16

- Enter the approximate number of miles required to travel directly from the staff member's home to the day care center.
- Two decimal places are provided so that short distances may be accurately recorded.
- It is not necessary to record long distances to the nearest fraction of a mile.

CARD 9

D-14. Do you provide the principal (greatest) income?

No ( ) 02
Yes ( ) 01
☐☐ 8/9

D-15. Do you live in the same neighborhood as this day care center?

No ( ) 02
Yes ( ) 01
☐☐ 10/11

D-16. How many miles is your home from the center?

SPECIFY MILES ☐☐ . ☐
12/13 14

---

inutes to Complete: ☐☐ 62/63

taff Providing Info & Minutes Required:

mins.
____________________ ☐☐ 70/71
____________________ ☐☐ 72/73
____________________ ☐☐ 74/75

Date Form Completed: ☐☐ / ☐☐ / ☐☐
64/65 month 66/67 day 68/69 year

Completed by:
____
☐☐ 60/61

OFFICE USE ONLY.
FORM CODE
☐☐ 76/77

CHANGE OF STATUS RECORDS

A.1 Daily Record of Child Absences

A.2 Daily Record of Staff Absences

B.1 Record of Replacement Staff

B.2 Record of Enrichment Staff

C.1 New Child Intake Record

C.2 New Staff Intake Record

D.1 Child Termination Record

D.2 Staff Termination Record

E.1 In-Center Child Transfer Record

E.2 In-Center Staff Transfer Record

F.1 Child Change of Schedule Report

F.2 Staff Change of Schedule Report

H. Program Change Report

National Day Care Study

Abt Associates Inc.

(1) Class ID:

Space Code: ☐☐ 18/19

Lead Teacher ____________

Age Range of Class: yrs. ☐☐ 20/21 mos. ☐☐ 22/23 to yrs. ☐☐ 24/25 mos. ☐☐ 26/27

Center ______________________________

Site ______________________________

Week Ending month ☐☐ 28/29 day ☐☐ 30/31 year ☐☐ 32/33

A.1 DAILY RECORD OF CHILD ABSENCES

(2) Child Name	(3) Child ALPHA Code										OFFICE USE ONLY							(4) Day(s) Absent						(5) Reason for Absence Narrative & Code*		
	08	09	10	11	12	13	14	15	16	17	01	02	03	04	05	06	07	M 34	T 35	W 36	Th 37	F 38	S 39		40	41

* Code:

01 Illness
02 Injury
03 Vacation/Holiday
04 Family Emergency
05 Parent Temporarily at Home
06 Other Person Available for Temporary Care
07 Not Scheduled to Attend
08 Other

Minutes to Complete: ☐☐ 62/63

Staff Providing Info & Minutes Required:

____________________ ☐☐ mins. 70/71

____________________ ☐☐ mins. 72/73

____________________ ☐☐ mins. 74/75

Date Form Completed: month ☐☐ 64/65 day ☐☐ 66/67 year ☐☐ 68/69

Completed by: ______________________

OMB # 85R-0283
Expires: 6/30/76

☐☐ 60/61

OFFICE USE ONLY FORM CODE ☐☐ 76/77

National Day Care Study

Abt Associates Inc.

Center ______________________________

Site ______________________________

(1) Class ID:

Space Code: ☐☐ 18/19

Lead Teacher ______________

Age Range of Class: yrs. ☐☐ 20/21 mos. ☐☐ 22/23 to yrs. ☐☐ 24/25 mos. ☐☐ 26/27

Week Ending month ☐☐ 28/29 day ☐☐ 30/31 year ☐☐ 32/33

A.2 DAILY RECORD OF STAFF ABSENCES

(2) Staff Name	(3) Staff ALPHA Code										OFFICE USE ONLY							(4) Day(s) Absent						(5) Reason for Absence Narrative & Code*		
	08	09	10	11	12	13	14	15	16	17	01	02	03	04	05	06	07	M 34	T 35	W 36	Th 37	F 38	S 39		40	41

* Code:
- 01 Illness
- 02 Injury
- 03 Vacation/Holiday
- 04 Family Emergency
- 05 Leave of Absence
- 06 Not Scheduled to Attend
- 07 Other

Minutes to Complete: ☐☐ 62/63

Staff Providing Info & Minutes Required:

______________________ ☐☐ mins. 70/71

______________________ ☐☐ mins. 72/73

______________________ ☐☐ mins. 74/75

Date Form Completed: month ☐☐ 64/65 day ☐☐ 66/67 year ☐☐ 68/69

Completed by: ______________________

OMB # 85R-0283
Expires: 6/30/76

☐☐ 60/61

OFFICE USE ONLY FORM CODE ☐☐ 76/77

National Day Care Study

Abt Associates Inc.

Center ______________________

Site ______________________

Space Code: ☐☐ 18/19   Lead Teacher ______________________

Age Range of Class: *yrs.* ☐☐ 20/21 *mos.* ☐☐ 22/23 to *yrs.* ☐☐ 24/25 *mos.* ☐☐ 26/27

Week Ending *month* ☐☐ 28/29 *day* ☐☐ 30/31 *year* ☐☐ 32/33

B.1 RECORD OF REPLACEMENT STAFF

(2) Staff Name	(3) Staff ALPHA Code 08 09 10 11 12 13 14 15 16 17	OFFICE USE ONLY 01 02 03 04 05 06 07	(4) Primary Job 34 35	(5) Hours Worked Per Day M 36-38	T 39-41	W 42-44	Th 45-47	F 48-50	S 51-53	(6) Total Hours Worked 54-56	(7) Employment Basis 57/58 Reg. Pd. Staff	Vol.	Outside Sub.

66

Minutes to Complete: ☐☐ 62/63

Staff Providing Info & Minutes Required:

______________ ☐☐ mins. 70/71

______________ ☐☐ mins. 72/73

______________ ☐☐ mins. 74/75

Date Form Completed: *month* ☐☐ 64/65 *day* ☐☐ 66/67 *year* ☐☐ 68/69

Completed by: ______________________

OMB # 85R-0283
Expires: 6/30/76

☐☐ 60/61

OFFICE USE ONLY FORM CODE ☐☐ 76/77

National Day Care Study

Abt Associates Inc.

Center ______________________________

Site ______________________________

Space Code: ☐☐ 18/19

Lead Teacher ______________

Age Range of Class: ☐☐ yrs. 20/21 ☐☐ mos. 22/23 to ☐☐ yrs. 24/25 ☐☐ mos. 26/27

Week Ending ☐☐ month 28/29 ☐☐ day 30/31 ☐☐ year 32/33

B.2 RECORD OF ENRICHMENT STAFF

(2) Staff Name	(3) Staff ALPHA Code 08 09 10 11 12 13 14 15 16 17	OFFICE USE ONLY 01 02 03 04 05 06 07	(4) Primary Job 34 35	(5) Hours Worked Per Day M 36-38	T 39-41	W 42-44	Th 45-47	F 48-50	S 51-53	(6) Total Hours Worked 54-56	(7) Employment Basis 57/58 Reg. Pd. Staff	Vol.	Outside Spec.

100

Minutes to Complete: ☐☐ 62/63

Staff Providing Info & Minutes Required:

______________________ ☐☐ mins. 70/71

______________________ ☐☐ mins. 72/73

______________________ ☐☐ mins. 74/75

Date Form Completed: ☐☐ month 64/65 ☐☐ day 66/67 ☐☐ year 68/69

Completed by: ______________________

OMB # 85R-0283
Expires: 6/30/76

☐☐ 60/61

OFFICE USE ONLY FORM CODE ☐☐ 76/77

National Day Care Study

A[illegible] Associates Inc.

Name ______________________________

Center ______________________________

Site ______________________ __________

OFFICE USE ONLY
☐☐☐☐☐☐☐
01/02/03/04/05/06/07

C.1 NEW CHILD INTAKE RECORD

(1) Child ALPHA code ☐☐☐☐☐☐☐☐☐☐
08/09/10/11/12/13/14/15/16/17

(2) Classroom Assignment: Space Code ☐☐ 20/21 Lead Teacher ______________________

Age Range of Class: yrs ☐☐ 22/23 mos ☐☐ 24/25 to yrs ☐☐ 26/27 mos ☐☐ 28/29

(3) Date of Enrollment: month ☐☐ 30/31 day ☐☐ 32/33 year ☐☐ 34/35

(4) Date of Birth: month ☐☐ 36/37 day ☐☐ 38/39 year ☐☐ 40/41

(5) Sex: Male ( ) 01 Female ( ) 02 ☐☐ 42/43

(6) Race: Black ( ) 01 White ( ) 02
Other ( ) 03 Specify ______________ ☐☐ 44/45

(7) Is English the child's second language?
Yes ( ) 01 No ( ) 02 ☐☐ 46/47

(8) Does the child have any medically diagnosed physical, mental or emotional handicaps?
Yes ( ) 01 No ( ) 02 ☐☐ 48/49

FOR CHILDREN ASSIGNED TO TARGET CLASSROOMS ONLY:

(9) Schedule:

	Arrive		Depart		Comments
M	☐☐ 50/51	: ☐☐ 52/53	/ ☐☐ 54/55	: ☐☐ 56/57	______________
T	☐☐ 58/59	: ☐☐ 60/61	/ ☐☐ 62/63	: ☐☐ 64/65	______________
W	☐☐ 66/67	: ☐☐ 68/69	/ ☐☐ 70/71	: ☐☐ 72/73	______________
Th	☐☐ 74/75	: ☐☐ 76/77	/ ☐☐ 08/09	: ☐☐ 10/11	______________
F	☐☐ 12/13	: ☐☐ 14/15	/ ☐☐ 16/17	: ☐☐ 18/19	______________
S	☐☐ 20/21	: ☐☐ 22/23	/ ☐☐ 24/25	: ☐☐ 26/27	______________

CARD 2

Minutes to Complete: ☐☐ 62/63

Date Form Completed: month ☐☐ 64/65 day ☐☐ 66/67 year ☐☐ 68/69

Staff Providing Info & Minutes Required:

______________ ☐☐ 70/71 mins.

______________ ☐☐ 72/73 mins.

______________ ☐☐ 74/75 min 101

Completed by: ______________________

☐☐ 60/61

OMB # 85R-0283
Expires: 6/30/76

112

OFFICE USE ONLY
FORM CODE
☐☐ 76/77

National Day Care Study

Abt Associates Inc.

Name____

Center____

Site____

OFFICE USE ONLY ☐☐☐☐☐☐☐ 01 07

C.2. NEW STAFF INTAKE RECORD

Date Began Working for Center ☐☐ month 18/19 ☐☐ year 20/21

(1) Staff ALPHA Code ☐☐☐☐☐☐☐☐☐☐ 08 17

(2) Primary Job Title________________ ☐☐ 22/23 (3) Sec. Job Title________________ ☐☐ 24/25

(4) Primary Classroom Assignment (IF APP.)
Space Code ☐☐ 26/27 Lead Teacher__________
Age Range of Class: ☐☐ yrs. 28/29 ☐☐ mos. 30/31 to ☐☐ yrs. 32/33 ☐☐ mos. 34/35

(5) Secondary Classroom Assignment (IF APP.)
Space Code ☐☐ 36/37 Lead Teacher__________
Age Range of Class: ☐☐ yrs. 38/39 ☐☐ mos. 40/41 to ☐☐ yrs. 42/43 ☐☐ mos. 44/45

(6) Total hours working/week ☐☐ 46/47

Number of hours paid by center ☐☐ 48/49
Number of hours exchanged for child care ☐☐ 52/53
Number of hours paid by third party ☐☐ 50/51
Number of hours volunteered ☐☐ 54/55

(7) Total Salary/Wage: $ ☐☐☐☐☐ 56/57,58/59,60 . ☐☐ 61/62 per.
(Including center and 3rd party payments)

Hour ( ) 01 Day ( ) 02 Week ( ) 03
Biweekly ( ) 04 Month ( ) 05 Year ( ) 06 ☐☐ 63/64

(8) Sex: Male ( ) 01 Female ( ) 02 ☐☐ 65/66

(9) Race: Black ( ) 01 White ( ) 02 Other ( ) 03 ☐☐ 67/68

(10) Is this person: Permanent, full year ( ) 01 ☐☐ 69/70
Temporary ( ) 02
Expected leaving date: ☐☐ mos. 71/72 ☐☐ yrs. 73/74

CARD 2

(11) Full Weekly Schedule

	Arrive		Depart	
M	☐☐ 08/09	: ☐☐ 10/11 /	☐☐ 12/13	: ☐☐ 14/15
T	☐☐ 16/17	: ☐☐ 18/19 /	☐☐ 20/21	: ☐☐ 22/23
W	☐☐ 24/25	: ☐☐ 26/27 /	☐☐ 28/29	: ☐☐ 30/31
Th	☐☐ 32/33	: ☐☐ 34/35 /	☐☐ 36/37	: ☐☐ 38/39
F	☐☐ 40/41	: ☐☐ 42/43 /	☐☐ 44/45	: ☐☐ 46/47
S	☐☐ 48/49	: ☐☐ 50/51 /	☐☐ 52/53	: ☐☐ 54/55

CARD 3

(12) Weekly Schedule in Target Classroom

	Arrive		Depart	
M	☐☐ 08/09	: ☐☐ 10/11 /	☐☐ 12/13	: ☐☐ 14/15
T	☐☐ 16/17	: ☐☐ 18/19 /	☐☐ 20/21	: ☐☐ 22/23
W	☐☐ 24/25	: ☐☐ 26/27 /	☐☐ 28/29	: ☐☐ 30/31
Th	☐☐ 32/33	: ☐☐ 34/35 /	☐☐ 36/37	: ☐☐ 38/39
F	☐☐ 40/41	: ☐☐ 42/43 /	☐☐ 44/45	: ☐☐ 46/47
S	☐☐ 48/49	: ☐☐ 50/51 /	☐☐ 52/53	: ☐☐ 54/55

(13) Is this person replacing someone who works/worked in the center?

CARD 4

Yes ( ) 01 No ( ) 02 ☐☐ 08/09
Give ALPHA code and job title of person replaced
Staff ALPHA Code ☐☐☐☐☐☐☐☐☐☐ 10 19 Job Title________________ ☐☐ 20/21

(14) Level of Education: ☐☐ 22/23

High school not completed ( ) 01
High school grad. or GED ( ) 02
Some college ( ) 03
College degree ( ) 04
Advanced degree ( ) 05

Minutes to Complete ☐☐ 62/63
Date Form Completed: ☐☐ month 64/65 ☐☐ day 66/67 ☐☐ year 68/69
Staff Providing Info & Minutes Required:
________________ ☐☐ 70/71 mins.
________________ ☐☐ 72/73 mins.
________________ ☐☐ 74/75 mins.
Completed by: ________________
OMB #85R-0283
Expires 6/30/76
☐☐ 80/81
OFFICE USE ONLY FORM CODE ☐☐ 76/77

National Day Care Study

Abt Associates Inc.

Center ______________________________

Site ______________________________

OFFICE USE ONLY
☐☐☐☐☐☐☐
01/02/03/04/05/06/07

D.1 CHILD TERMINATION RECORD

(1) Classroom ID: Space Code ☐☐ 08/09

Lead Teacher ______________________________

Age Range of Class: yrs. ☐☐ 10/11 mos. ☐☐ 12/13 to yrs. ☐☐ 14/15 mos. ☐☐ 16/17

(2) Child ALPHA code ☐☐☐☐☐☐☐☐☐☐ 18/19/20/21/22/23/24/25/26/27

(3) Date of Termination month ☐☐ 28/29 day ☐☐ 30/31 year ☐☐ 32/33

(4) Reason for Termination (Check One) Detailed Reason ☐☐ 34/35

No Longer needs center care	( ) 01	______________________________
No longer satisfied with care	( ) 02	______________________________
Moved from area	( ) 03	______________________________
Illness (child)	( ) 04	______________________________
Illness (family)	( ) 05	______________________________
Transferred to another center	( ) 06	______________________________
Child progresses to school (K-1)	( ) 07	______________________________
No longer eligible	( ) 08	______________________________
Can no longer afford center care	( ) 09	______________________________
Lack of Transportation	( ) 10	______________________________
Other (Specify):	( ) 11	______________________________

Minutes to Complete: ☐☐ 62/63

Date Form Completed: month ☐☐ 64/65 day ☐☐ 66/67 year ☐☐ 68/69

Staff Providing Info & Minutes Required:

______________________ ☐☐ 70/71 mins.

______________________ ☐☐ 72/73 mins.

______________________ ☐☐ 74/75 mins.

Completed by: ______________________

OMB # 85R-0283
Expires: 6/30/76

☐☐ 60/61

OFFICE USE ONLY FORM CODE ☐☐ 76/77

National Day Care Study

Abt Associates Inc.

Center ____

Site ____

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☐☐☐☐☐☐☐
01/02/03/04/05/06/07

D.2 STAFF TERMINATION RECORD

(1) Classroom ID: (IF APPLICABLE)

Space Code ☐☐ 08/09

Lead Teacher ________________________________

Age Range of Class: *yrs.* ☐☐ 10/11 *mos.* ☐☐ 12/13 *to* *yrs.* ☐☐ 14/15 *mos.* ☐☐ 16/17

(2) Staff ALPHA code ☐☐☐☐☐☐☐☐☐☐ 18/19/20/21/22/23/24/25/26/27

(3) Date of Termination *month* ☐☐ 28/29 *day* ☐☐ 30/31 *year* ☐☐ 32/33

(4) Primary Job ______________ Job Code ☐☐ 34/35 Secondary Job ____________________ Job Code ☐☐ 36/37

(5) Reason for Termination (Check One) ☐☐ 38/39

Illness	( ) 01	Retirement	( ) 06
Pregnancy	( ) 02	Dismissal	( ) 07
Better paying job	( ) 03	Personal Reasons	( ) 08
Further education	( ) 04	Lack of Transportation	( ) 09
Moving from area	( ) 05	Other (Specify): ________	( ) 10

Detailed Reason ____

(6) Has this staff member been replaced yet? ☐☐ 40/41

Yes ( ) 01 No ( ) 02

(7) Will a replacement be recruited and hired? ☐☐ 42/43

Yes ( ) 01 Expected date of hire *month* ☐☐ 44/45 *year* ☐☐ 46/47

No ( ) 02 Specify Reasons: ____________________________________

Minutes to Complete: ☐☐ 62/63

Date Form Completed: *month* ☐☐ 64/65 *day* ☐☐ 66/67 *year* ☐☐ 68/69

Staff Providing Info & Minutes Required:

____________________ ☐☐ 70/71 mins.

____________________ ☐☐ 72/73 mins.

____________________ ☐☐ 74/75 mins.

Completed by: ________________________

☐☐ 60/61

OMB #85R-0283
Expires: 6/30/76

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National Day Care Study

Abt Associates Inc.

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01 07

Center ____________________

Site ____________________

E.1 IN-CENTER CHILD TRANSFER RECORD

(1) Child ALPHA Code 08 17

(2) Date of Transfer mo. 20/21 day 22/23 yr. 24/25

(3) Old Classroom ID:
Space Code: 26/27 Lead Teacher ____________
Age Range of Class: yrs. 28/29 mos. 30/31 to yrs. 32/33 mos. 34/35

(4) New Classroom ID:
Space Code: 36/37 Lead Teacher ____________
Age Range of Class: yrs. 38/39 mos. 40/41 to yrs. 42/43 mos. 44/45

(5) Reason for Transfer: ____________________

____

____

____

(6) New Schedule:

	Arrive		Depart	
M	46/47	48/49	50/51	52/53
T	54/55	56/57	58/59	60/61
W	62/63	64/65	66/67	68/69
Th	70/71	72/73	74/75	76/77
CARD 2 F	20/21	22/23	24/25	26/27
S	28/29	30/31	32/33	34/35

Minutes to Complete: 62/63

Staff Providing Info & Minutes Required:

____________________ 70/71 mins.

____________________ 72/73 mins.

____________________ 74/75 mins.

Date Form Completed: month 64/65 day 66/67 year 68/69

Completed by: ____________________

OMB # 85R-0283
Expires: 6/30/76

60/61

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National Day Care Study

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Center ______________________________

Site ______________________________

E.2 IN-CENTER STAFF TRANSFER RECORD

(1) Staff ALPHA code ☐☐☐☐☐☐☐☐☐☐ 08 17

(2) Date of Transfer mo. ☐☐ 18/19 day ☐☐ 20/21 yr. ☐☐ 22/23

(3) Old Job Title(s) ______________________________ Job Code(s) ☐☐ 24/25 ☐☐ 26/27

(4) New Job Title(s) ______________________________ Job Code(s) ☐☐ 28/29 ☐☐ 30/31

(5) Old Classroom ID: Space Code: ☐☐ 32/33 Lead Teacher ____________

Age Range of Class: yrs. ☐☐ 34/35 mos. ☐☐ 36/37 to yrs. ☐☐ 38/39 mos. ☐☐ 40/41

Not Class Staff ☐ 42

(6) New Classroom ID: Space Code: ☐☐ 43/44 Lead Teacher ____________

Age Range of Class: yrs. ☐☐ 45/46 mos. ☐☐ 47/48 to yrs. ☐☐ 49/50 mos. ☐☐ 51/52

Not Class Staff ☐ 53

(7) Reason for Transfer: ______________________________

____

____

(8) New Full Weekly Schedule

	Arrive		Depart	
M	☐☐ 54/55 :	☐☐ 56/57 /	☐☐ 58/59 :	☐☐ 60/61
T	☐☐ 62/63 :	☐☐ 64/65 /	☐☐ 66/67 :	☐☐ 68/69
W	☐☐ 70/71 :	☐☐ 72/73 /	☐☐ 74/75 :	☐☐ 76/77
CARD 2 Th	☐☐ 18/19 :	☐☐ 20/21 /	☐☐ 22/23 :	☐☐ 24/25
F	☐☐ 26/27 :	☐☐ 28/29 /	☐☐ 30/31 :	☐☐ 32/33
S	☐☐ 34/35 :	☐☐ 36/37 /	☐☐ 38/39 :	☐☐ 40/41

(9) New Weekly Schedule in This Classroom

	Arrive		Depart	
M	☐☐ 42/43 :	☐☐ 44/45 /	☐☐ 46/47 :	☐☐ 48/49
T	☐☐ 50/51 :	☐☐ 52/53 /	☐☐ 54/55 :	☐☐ 56/57
W	☐☐ 58/59 :	☐☐ 60/61 /	☐☐ 62/63 :	☐☐ 64/65
Th	☐☐ 66/67 :	☐☐ 68/69 /	☐☐ 70/71 :	☐☐ 72/73
F	☐☐ 74/75 :	☐☐ 76/77 /	☐☐ 18/19 :	☐☐ 20/21
S	☐☐ 22/23 :	☐☐ 24/25 /	☐☐ 26/27 :	☐☐ 28/29

CARD 3

Minutes to Complete: ☐☐ 62/63

Staff Providing Info & Minutes Required:

____________ ☐☐ mins. 70/71

____________ ☐☐ mins. 72/73

____________ ☐☐ mins. 74/75

Date Form Completed: month ☐☐ 64/65 day ☐☐ 66/67 year ☐☐ 68/69

Completed by: ______________________________

OMB # 85R-0283
Expires: 6/30/76

☐☐ 80/81

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National Day Care Study

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Center____________________________

Site______________________________

CARD 1

F.1 CHILD CHANGE OF SCHEDULE

(1) Child ALPHA Code ☐☐☐☐☐☐☐☐☐☐ 08 17

(2) Classroom ID:

Space Code: ☐☐ 20/21 Lead Teacher ____________

Age Range of Class: yrs. ☐☐ 22/23 mos. ☐☐ 24/25 to yrs. ☐☐ 26/27 mos. ☐☐ 28/29

(3) Old Schedule

	Arrive		Depart	
M	☐☐ 30/31	: ☐☐ 32/33 /	☐☐ 34/35	: ☐☐ 36/37
T	☐☐ 38/39	: ☐☐ 40/41 /	☐☐ 42/43	: ☐☐ 44/45
W	☐☐ 46/47	: ☐☐ 48/49 /	☐☐ 50/51	: ☐☐ 52/53
Th	☐☐ 54/55	: ☐☐ 56/57 /	☐☐ 58/59	: ☐☐ 60/61
F	☐☐ 62/63	: ☐☐ 64/65 /	☐☐ 66/67	: ☐☐ 68/69
S	☐☐ 70/71	: ☐☐ 72/73 /	☐☐ 74/75	: ☐☐ 76/77

CARD 2

(4) New Schedule

	Arrive		Depart	
M	☐☐ 08/09	: ☐☐ 10/11 /	☐☐ 12/13	: ☐☐ 14/15
T	☐☐ 16/17	: ☐☐ 18/19 /	☐☐ 20/21	: ☐☐ 22/23
W	☐☐ 24/25	: ☐☐ 26/27 /	☐☐ 28/29	: ☐☐ 30/31
Th	☐☐ 32/33	: ☐☐ 34/35 /	☐☐ 36/37	: ☐☐ 38/39
F	☐☐ 40/41	: ☐☐ 42/43 /	☐☐ 44/45	: ☐☐ 46/47
S	☐☐ 48/49	: ☐☐ 50/51 /	☐☐ 52/53	: ☐☐ 54/55

Minutes to Complete: ☐☐ 62/63

Staff Providing Info & Minutes Required:

__________________ ☐☐ mins. 70/71

__________________ ☐☐ mins. 72/73

__________________ ☐☐ mins. 74/75

Date Form Completed: month ☐☐ 64/65 day ☐☐ 66/67 year ☐☐ 68/69

Completed by: ____________________

OMB # 85R-0283
Expires: 6/30/76

☐☐ 60/61

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National Day Care Study

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Center____________________

Site____________________

F.2 STAFF CHANGE OF SCHEDULE REPORT

(1) Classroom ID: Space Code: 18/19 Lead Teacher ____________

	yrs.	mos.		yrs.	mos.
Age Range of Class:	20/21	22/23	to	24/25	26/27

(2) Staff ALPHA code 08 17

(3) Old Full Weekly Schedule

	Arrive		Depart	
M	28/29	: 30/31 /	32/33	: 34/35
T	36/37	: 38/39 /	40/41	: 42/43
W	44/45	: 46/47 /	48/49	: 50/51
Th	52/53	: 54/55 /	56/57	: 58/59
F	60/61	: 62/63 /	64/65	: 66/67
S	68/69	: 70/71 /	72/73	: 74/75

CARD 2

(4) New Full Weekly Schedule

	Arrive		Depart	
M	08/09	: 10/11 /	12/13	: 14/15
T	16/17	: 18/19 /	20/21	: 22/23
W	24/25	: 26/27 /	28/29	: 30/31
Th	32/33	: 34/35 /	36/37	: 38/39
F	40/41	: 42/43 /	44/45	: 46/47
S	48/49	: 50/51 /	52/53	: 54/55

(5) New Weekly Schedule in this Classroom

ARD 3

	Arrive		Depart	
M	08/09	: 10/11 /	12/13	: 14/15
T	16/17	: 18/19 /	20/21	: 22/23
W	24/25	: 26/27 /	28/29	: 30/31
Th	32/33	: 34/35 /	36/37	: 38/39
F	40/41	: 42/43 /	44/45	: 46/47
S	48/49	: 50/51 /	52/53	: 54/55

(6) COMMENTS

____

____

____

____

____

____

Minutes to Complete: 62/63

Staff Providing Info & Minutes Required:

____________________ 70/71 mins.

____________________ 72/73 mins.

____________________ 74/75 mins.

	month	day	year
Date Form Completed:	64/65	66/67	68/69

Completed by:____________________

OMB # 85R-0283
Expires: 6/30/76

60/61

OFFICE
USE ONLY
FORM CODE
76/77

National Day Care Study

Abt Associates Inc.

OFFICE USE ONLY ☐☐☐☐☐
01 05

Center ______________________

Site ______________________

Week Ending month ☐☐ 06/07 day ☐☐ 08/09 year ☐☐ 10/11

H. PROGRAM CHANGE REPORT

PEOPLE – Changes in key personnel, sponsor agency contact or agency itself, unusual or high staff or child turnover or change in enrollment or staffing, etc.:

PROGRAM – Changes in hours of operation, age groups served, organization or grouping of children, philosophy or goals of the program, financial status, or sources of funds, other funding changes, unscheduled shutdowns, etc.:

FACILITIES – Changes, including major renovations, a move to another facility, expansion of present facility, damage to facility by fire, flood, wind, or storms, changes in transportation, etc.:

Minutes to Complete: ☐☐ 62/63

Staff Providing Info & Minutes Required:

______________________ ☐☐ mins. 70/71

______________________ ☐☐ mins. 72/73

______________________ ☐☐ mins. 74/75

Date Form Completed: month ☐☐ 64/65 day ☐☐ 66/67 year ☐☐ 68/69

Completed by: ______________________

OMB # 85R-0283
Expires: 6/30/76

☐☐ 60/61

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CHILD/FAMILY AND PARENT PARTICIPATION SERVICE RECORD

National Day Care Study

Abt Associates Inc.

Center______________________________

Site______________________________

(1) Class ID:

Space Code: ☐☐ 18/19

Lead Teacher ________________

Age Range of Class: yrs. ☐☐ 20/21 mos. ☐☐ 22/23 to yrs. ☐☐ 24/25 mos. ☐☐ 26/27

Week Ending month ☐☐ 28/29 day ☐☐ 30/31 year ☐☐ 32/33

I. CHILD AND FAMILY SERVICE AND PARENT PARTICIPATION RECORD

(2) Child Name	(3) Child ALPHA Code 08 09 10 11 12 13 14 15 16 17	FOR OFFICE USE ONLY 01 02 03 04 05 06 07	4 Service Code 34/35	(5) Description CARD 2 36 77	6 Recip-ient 08 10	(7) Provided By 11 57	8 Paid by Center 58/59

Minutes to Complete: ☐☐ 62/63

Staff Providing Info & Minutes Required:

________________ ☐☐ mins. 70/71

________________ ☐☐ mins. 72/73

________________ ☐☐ mins. 74/75

Date Form Completed: month ☐☐ 64/65 day ☐☐ 66/67 year ☐☐ 68/69

Completed by: ________________

OMB # 85R-0283
Expires: 6/30/76

☐☐ 60/61

OFFICE USE ONLY FORM CODE ☐☐ 76/77

FIELD TRIP RECORD

National Day Care Study

Abt Associates Inc.

OFFICE USE ONLY ☐☐☐☐☐
01 05

Center______________________________

Site_______________________________

Week Ending month ☐☐ 06/07 day ☐☐ 08/09 year ☐☐ 10/11

J. FIELD TRIP RECORD

	(1) Classroom ID	(2) Date Mo/Day/Year	(3) Description or Destination of Field Trip	(4) Length In Hours	(5) # Children Attending In THIS CLASSROOM
a.	Space Code: ☐☐ 12/13 Lead Teacher ________ Age Range of Class: yrs. ☐☐ 14/15 mos. ☐☐ 16/17 to yrs. ☐☐ 18/19 mos. ☐☐ 20/21	mo. ☐☐ 22/23 day ☐☐ 24/25 yr. ☐☐ 26/27	28 ____________ 46 ____________	☐☐ 47/48 ☐ 49	☐☐☐ 50/51/52
b.	Space Code: ☐☐ 12/13 Lead Teacher ________ Age Range of Class: yrs. ☐☐ 14/15 mos. ☐☐ 16/17 to yrs. ☐☐ 18/19 mos. ☐☐ 20/21	mo. ☐☐ 22/23 day ☐☐ 24/25 yr. ☐☐ 26/27	28 ____________ 46 ____________	☐☐ 47/48 ☐ 49	☐☐☐ 50/51/52
c.	Space Code: ☐☐ 12/13 Lead Teacher ________ Age Range of Class: yrs. ☐☐ 14/15 mos. ☐☐ 16/17 to yrs. ☐☐ 18/19 mos. ☐☐ 20/21	mo. ☐☐ 22/23 day ☐☐ 24/25 yr. ☐☐ 26/27	28 ____________ 46 ____________	☐☐ 47/48 ☐ 49	☐☐☐ 50/51/52
d.	Space Code: ☐☐ 12/13 Lead Teacher ________ Age Range of Class: yrs. ☐☐ 14/15 mos. ☐☐ 16/17 to yrs. ☐☐ 18/19 mos. ☐☐ 20/21	mo. ☐☐ 22/23 day ☐☐ 24/25 yr. ☐☐ 26/27	28 ____________ 46 ____________	☐☐ 47/48 ☐ 49	☐☐☐ 50/51/52
e.	Space Code: ☐☐ 12/13 Lead Teacher ________ Age Range of Class: yrs. ☐☐ 14/15 mos. ☐☐ 16/17 to yrs. ☐☐ 18/19 mos. ☐☐ 20/21	mo. ☐☐ 22/23 day ☐☐ 24/25 yr. ☐☐ 26/27	28 ____________ 46 ____________	☐☐ 47/48 ☐ 49	☐☐☐ 50/51/52

Minutes to Complete: ☐☐ 62/63

Staff Providing Info & Minutes Required:

______________________ ☐☐ mins. 70/71

______________________ ☐☐ mins. 72/73

______________________ ☐☐ mins. 74/75

Date Form Completed: month ☐☐ 64/65 day ☐☐ 66/67 year ☐☐ 68/69

Completed by: ______________________

OMB # 85R-0283
Expires: 6/30/76

☐☐ 60/61

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STAFF MEETING/TRAINING RECORD

National Day Care Study

Abt Associates Inc.

OFFICE USE ONLY ☐☐☐☐☐ 01 05 ■▲

Center____________________

Site____________________

Week Ending month ☐☐ 06/07 day ☐☐ 08/09 year ☐☐ 10/11

K. STAFF MEETING/TRAINING

(1) All Staff Meetings

Date Mo.	Date Day	Duration in Hours	Number Present	Major Topic	
☐☐ 12/13	☐☐ 14/15	☐☐.☐ 16/17 18	☐☐ 19/20	__________	☐☐ 21/22
☐☐ 23/24	☐☐ 25/26	☐☐.☐ 27/28 29	☐☐ 30/31	__________	☐☐ 32/33
☐☐ 34/35	☐☐ 36/37	☐☐.☐ 38/39 40	☐☐ 41/42	__________	☐☐ 43/44

(2) Small Group/Team Meeings (FOR TARGET CLASSROOMS)

Date Mo.	Date Day	Duration in Hours	Total Number Present	Number Target Staff Present	Major Topic	
☐☐ 45/46	☐☐ 47/48	☐☐.☐ 49/50 51	☐☐ 52/53	☐☐ 54/55	__________	☐☐ 56/57
☐☐ 58/59	☐☐ 60/61	☐☐.☐ 62/63 64	☐☐ 65/66	☐☐ 67/68	__________	☐☐ 69/70
☐☐ 71/72	☐☐ 73/74	☐☐.☐ 75/76 77	☐☐ 06/07	☐☐ 08/09	__________	☐☐ 10/11
☐☐ 12/13	☐☐ 14/15	☐☐.☐ 16/17 18	☐☐ 19/20	☐☐ 21/22	__________	☐☐ 23/24

CARD 2

(3) Staff Training/Workshops

Date Mo.	Date Day	Duration in Hours	Number Present	Topic		Agency Given by
☐☐ 25/26	☐☐ 27/28	☐☐.☐ 29/30 31	☐☐ 32/33	__________	☐☐ 34/35	________
☐☐ 36/37	☐☐ 38/39	☐☐.☐ 40/41 42	☐☐ 43/44	__________	☐☐ 45/46	________
☐☐ 47/48	☐☐ 49/50	☐☐.☐ 51/52 53	☐☐ 54/55	__________	☐☐ 56/57	________
☐☐ 58/59	☐☐ 60/61	☐☐.☐ 62/63 64	☐☐ 65/66	__________	☐☐ 67/68	________
☐☐ 06/07	☐☐ 08/09	☐☐.☐ 10/11 12	☐☐ 13/14	__________	☐☐ 15/16	________

RD 3

National Day Care Study

Abt Associates Inc.

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Center______________________________

Site______________________________

Week Ending *month* ☐☐ 06/07 *day* ☐☐ 08/09 *year* ☐☐ 10/11

K. STAFF MEETING/TRAINING CON'T.

(4) Special Events

Date *Mo.*	Date *Day*	Duration in Hours	Number Present	Description (PURPOSE)	
☐☐ 17/18	☐☐ 19/20	☐☐.☐ 21/22 23	☐☐ 24/25	________________	☐☐ 26/27
☐☐ 28/29	☐☐ 30/31	☐☐.☐ 32/33 34	☐☐ 35/36	________________	☐☐ 37/38
☐☐ 39/40	☐☐ 41/42	☐☐.☐ 43/44 45	☐☐ 46/47	________________	☐☐ 48/49
☐☐ 50/51	☐☐ 52/53	☐☐.☐ 54/55 56	☐☐ 57/58	________________	☐☐ 59/60
☐☐ 61/62	☐☐ 63/64	☐☐.☐ 65/66 67	☐☐ 68/69	________________	☐☐ 70/71
CARD 4 ☐☐ 06/07	☐☐ 08/09	☐☐.☐ 10/11 12	☐☐ 13/14	________________	☐☐ 15/16

(5) Narrative Statement ____

Minutes to Complete: ☐☐ 62/63

Staff Providing Info & Minutes Required:

________________ ☐☐ 70/71 mins.

________________ ☐☐ 72/73 mins.

________________ ☐☐ 74/75 mins.

Date Form Completed: *month* ☐☐ 64/65 *day* ☐☐ 66/67 *year* ☐☐ 68/69

Completed by: ________________________

OMB # 85R-0283
Expires: 6/30/76

☐☐ 80/81

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STAFF/CHILD RATIO OBSERVATION INSTRUMENT

National Day Care Study

Abt Associates Inc.

L. CLASSROOM OBSERVATION FORM

OMB # 85R-0283
Expires: 6/30/76

OFFICE USE ONLY
01 07

Center ____________________

Site ____________________

Classroom ID:

Space Code:

Lead Teacher ____________________

Age Range of Class: yrs. mos. to yrs. mos.

Date: mo. 08/09 day 10/11 yr. 12/13 ________ Day of Week 14/15

Time of Day: From 16/17 : 18/19 to 20/21 : 22/23

Number of Children Enrolled in This Class 24/25

Number Present Today from This Class 26/27

ADULT CODES

- 10 Staff Assigned to This Class
- 20 Director
- 21 Other Center Staff
- 22 Specialist
- 23 Substitute
- 24 Parent
- 25 Visitor
- 26 Volunteer

CHILD ACTIVITY AND STAFF SUPERVISION CODES

- 01 Arrival
- 02 Indoor Free Play
- 03 Outdoor Free Play
- 04 Planned Group Activity
- 05 Snack
- 06 Meal
- 07 Nap
- 08 Individual Activity
- 09 Transition
- 10 Departure
- 11 Other (Describe)

NON-SUPERVISION STAFF ACTIVITY CODES

- 30 Activity Preparation
- 31 Clean Up
- 32 Recordkeeping/Administration
- 33 Parent Conference
- 34 Staff Conference
- 35 Other Activity (Describe)

Comments:

(1) Number of Children from This Target Classroom: 28/29

(2) Split Class? 30/31

(3) Merged Class? 32/33

(4) Number of Children From Outside This Room 34/35
From whose classes? ____________________

Age Range of Children From Outside This Room (In Years) 36/37 to 38/39

(5) Number of Adults Present at End of 4th Minute 40/41

(6) Space Code for Activities Described Below 42/43

Child Activity #1 44/45

Number of Children 46/47

Description ____________________

ADULTS IN THIS ACTIVITY

Ad. Code	2nd Act?	Number
48/49	50/51	52/53
54/55	56/57	58/59
60/61	62/63	64/65

Child Activity #2 66/67

Number of Children 68/69

Description ____________________

CARD 2

ADULTS IN THIS ACTIVITY

Ad. Code	2nd Act?	Number
70/71	72/73	74/75
08/09	10/11	12/13
14/15	16/17	18/19

0 2 6 0 1
76/77/78/79/80

Child Activity #3 20/21

Number of Children 22/23

Description ____________________

ADULTS IN THIS ACTIVITY

Ad. Code	2nd Act?	Number
24/25	26/27	28/29
30/31	32/33	34/35
36/37	38/39	40/41

Number of Bystanders and Adults Not Involved with or Responsible for Children in These Activities 42/43

0 2 6 0 2
76/77/78/79/80

2.2 The Research Cost Accounting System

The Research Cost Accounting System (RCAS) has been designed to collect financial data from the day care centers participating in the study. These data will include receipts, expenditures, non-cash (e.g., depreciation) and in-kind contributions (e.g., donations). The cost analysis to be performed later in the study will make use of the information generated by this data collection system.

Ten data collection forms are included in the RCAS. Brief descriptions, which indicate purpose, frequency of completion, and responsibility for completion are given below.

- Start-up Inventory of Accounting Practices identifies the major characteristics of the center's accounting system which may require or allow certain modifications in the RCAS for that center. It also identifies unusual problems which may substantially complicate data collection.

Frequency:	One time report
When:	September 1975
Who:	Cambridge Staff

- Inventory of Accounts identifies prepayments and postpayments of both the income and expense side of each cash-basis center's accounts. These payments will become adjustments to 12 month cash-base figures to provide annual accrual-basis results.

Frequency:	Two time report
When:	September 1975, May 1976
Who:	Cambridge Staff

- Statement of Current Expense is used to record cash expenditures, non-cash costs and the value of in-kind contributions.

Frequency:	Monthly
When:	Phase II: Ongoing
Who:	Center Director, bookkeeper, Center Secretary, or Data Coordinator depending upon the arrangements made with each Center Director

- Statement of Current Income was designed to record receipts and values of in-kind contributions.

Frequency: Monthly
When: Phase II: Ongoing
Who: Center Director, bookkeeper, Center Secretary or Data Coordinator depending upon the arrangments made with each Center Director.

- Worksheet for Donated Services is used to record and estimate the value of in-kind contributions of volunteer and professional services for inclusion in the Statements of Current Income and Expense.

Frequency: As donations occur; submitted monthly
When: Phase II: Ongoing
Who: Center Secretary

- Worksheet for Donated Land and Building is used to record and estimate the value of in-kind contributions of land and buildings for inclusion in the statements of Current Income and Expense.

Frequency: As donations occur; submitted monthly
When: Phase II: Ongoing
Who: Center Secretary

- Worksheet for Donated Supplies is used to record and estimate the value of in-kind contributions of supplies for inclusion in the Statements of Current Income and Expense.

Frequency: As donations occur; submitted monthly
When: Phase II: Ongoing
Who: Center Secretary

- Worksheet for Donated Equipment is used to record and estimate the value of in-kind contributions of equipment for inclusion in the Statements of Current Income and Expense.

Frequency: As donations occur; submitted monthly
When: Phase II: Ongoing
Who: Center Secretary

- Depreciation Worksheet is used to record inventory and to estimate depreciation expense for inclusion in statement of Income Expense.

Frequency: Completed as new depreciable assets are acquired
When: Phase II: Ongoing
Who: Center Secretary

- Employee Compensation Worksheet is used to record salary and fringe benefit information for each employee.

Frequency: One-time report
When: Once, at end of accounting period
Who: Center Director, bookkeeper, Center Secretary or Data Coordinator depending on arrangements made with Center Director

The two primary data collection forms -- Statement of Current Income and The Statement of Current Expense -- have been designed to reflect individual center account titles and numbers. In many centers further detail is required to complete the forms than is being maintained in the center's records. In these cases requests for further detail have been made and agreements have been reached for completing these forms accurately. Based upon these agreements and our review of each centers' accounting system during the administration of the Start-up Inventory of Accounting Practice, center-specific plans have been developed to provide guidance to the person completing the forms. In addition, the plan includes center-specific forms to be completed monthly during the period October through May.

An example of each RCAS form, together with instructions for completing the form, follows.

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START-UP INVENTORY OF ACCOUNTING PRACTICES

OFFICE USE ONLY

START-UP INVENTORY OF ACCOUNTING PRACTICES

Center ______________________ Date ____________________

______________________ Phone (   )   - ____________

Site ______________________

Interviewer ______________________

Respondent ______________________

Position ______________________

The following is a list of forms you should collect from each center after administering the questionnaire:

- Chart of Accounts ☐
- Journal and Ledger Forms and Column Headings ☐
- Payroll Ledger Form or Payroll Card or Timesheet ☐
- Checkbook Sheet, Receipts, Invoices, Other Forms ☐
- Encumbrance Requisition for Payment Form ☐
- Printouts for Computerized Systems ☐
- Statements, Monthly or Quarterly ☐
- Audited Statements ☐
- Reports containing Financial Data ☐
- Donations Worksheets or Recording Forms ☐

For your records, please enter the name of the center you visited below and indicate which forms you obtained.

Center ____________________________

I. General Accounting System

1. Do you have a system for keeping formal records (journals and ledgers) of the center's operations?

Yes ☐ Go to Question 2

No ☐ → (Comments) ____________________

____

2. Do you have detailed records or files (i.e. receipts, cancelled checks, invoices, etc.) of the following types of transactions? Check all that apply.

a. receipts of cash and other income ☐

b. payroll payments to employees ☐

c. expenditures paid by check or cash ☐

3. By whom are these records kept?

a. sponsor agency ☐ indicate contact below

b. public accountant or CPA ☐ indicate contact below

c. center bookkeeper ☐

d. center director ☐

Contact: Name ____________

Address ____________

Phone ____________

4. Where are these records physically located?

a. at the center ☐

b. at a central office location ☐ indicate contact below if different from Question 2

Name ____________

Address ____________

Phone ____________

5. What is the method of recording transactions? Check one.

a. cash basis ☐

b. accrual basis ☐

c. combination of cash and accrual ☐ (e.g. prepaid expense, inter-agency management, etc.)
specify ____________________

d. encumbered basis ☐

e. other, specify ____________ ☐

6. Which of the following items does your system contain? (Please probe for comments and detail about what is and is not included) Check all that apply.

a. checkbook (purpose, account, amount, date) ( )
comments ______________________________
____

b. journal or notebook for recording receipts of income or cash (purpose, type, date, partial, donation, fee, amount) ( )
comments ______________________________
____

c. journal or notebook for recording expenditures paid by check or cash (purpose, account, amount, date) ( )
comments ______________________________
____

d. general ledger, or summary notebook containing both income and expense transactions (chart of accounts, regular balances taken) ( )
comments ______________________________
____

e. payroll ledger for recording salary payments to employees (identification of function) ( )
comments ______________________________
____

f. other subsidary or supporting ledgers (e.g. accounts receivable ledger, accounts payable ledger). ( )
comments ______________________________
____

7. Does your system include the preparation of financial statements?

No ( ) ⟶ comments ________________________
____

Yes ( ) ⟶ indicate type of statements:

income statement ( )
balance sheet ( )
other, specify ______________
______________ ( )

how often are they prepared?

monthly ( )
quarterly ( )
annually ( )
other ______________________ ( )

8. What are your accounting periods?

annual closing date (month/day) ________/________

monthly closing date (day) ________

9. On what date does your program year end? ________/________
month day

(PROBE: for example, do you consider September 1st the start of a new program year?)

10. Do you have a standard chart of accounts?

Yes ( ) If yes, ask for copy

No ( )

11. Is your accounting system

a. computerized? ( )

b. maintained on a manual basis? ( )

c. combination of computer and manual? ( )
Specify ____________________
____

12. Does the center file an I.R.S. 990 tax return?
(non-profit centers only)

No ( )

Yes ( )

13. Does the center file any reports concerning the financial aspects of the center's operations?

No ( )

Yes ( ) ⟶ To whom? ____________________

How often? ____________________

Copy available? ____________________

What are contents? ____________________
____

14. Does the center receive an annual audit?

No ( )

Yes ( ) ⟶ By whom? ____________________

How often? ____________________

Date of audit? ____________________

What are contents? ____________________
____

II. Payroll

1. How frequently are employees paid? (CHECK ALL THAT APPLY)
   a. Weekly ( )
   b. Bi-Weekly ( )
   c. Monthly ( )
   d. Other, specify ( ) ________________

2. Are employees paid
   a. Only for time already worked ( )
   b. In advance for work to be done ( )
   c. Combination of above ( ) → Specify: ________________

3. Which of the following fringe benefits are provided to employees at the center's expense: Check all that apply.

Benefit	Paid or provided by center	Payments attributable to individuals	Basis for recording	
			Accural	Cash
FICA				
Private retirement plan				
Unemployment compensation*				
Paid vacation				
Health insurance				
Life insurance				
Meals (free/below cost)				
Paid sick leave				
Free child care				
Other:				

* both Federal and State

4. Does the payroll system identify the employment status of employees? Yes ( )
If yes, please indicate the types of status: No ( )

a. Full-time ( ) → How many hours/week constitutes full-time?

____

Does this include lunch period and breaks?

Yes ( )

No ( ) → Number of hours/week total for lunches and breaks: ________

b. Part-time ( )

c. Temporary ( )

d. Probationary ( )

5. Does the payroll system identify the function of employees? Yes ( )
If yes, please indicate the types of functions: No ( )

a. Office ( )

b. Educational and recreational ( )

c. Kitchen ( )

d. Transportation ( )

e. Health ( )

f. Other, specify ____________ ( )

6. Does the center hire consultants? → Yes ( )
If yes, please indicate the types of consultants: No ( )

a. Educational consultants ( )

b. Doctor, dentist of other health-related specialist ( )

c. Lawyers, accountants and other financial or administrative consultant ( )

d. Other professional fees, specify ______ ( )

7. Is there a record of the pay rate for every employee?

Yes ( )

No ( ) → Comments ____

____

____

____

8. Are the dates of employment and termination recorded for every employee?

Yes ( )

No ( ) ⟶ Comments ______________________________

____

____

9. Are any special payments made at termination of employment?

No ( )

Yes ( ) ⟶ Specify: ______________________________

____

10. Do any paid employees receive compensation based on an hourly rate?

Yes ( )

No ( )

11. Do any paid employees receive extra compensation for overtime? (PROBE)

Yes ( )

No ( )

III. Accounts Receivable

1. From which of the following sources do you receive income and/or contributions of goods and services? Check all that apply.

	Are adequate records kept?	
	Yes	No
☐ Fees and other payments from parents	☐	☐
☐ Membership fees (for right to vote, receive publications and/or services, use facilities, etc.)	☐	☐
☐ Donations (from individuals, corporations, foundations, United Fund, etc.)	☐	☐
☐ Government grants (not payment for child care or other service)		
Federal, specify ____________________	☐	☐
State, specify ____________________	☐	☐
Local, specify ____________________	☐	☐
☐ Government payment for service		
Federal, specify ____________________	☐	☐
State, specify ____________________	☐	☐
Local, specify ____________________	☐	☐
☐ Investment income from:		
Stocks	☐	☐
Bonds	☐	☐
Interest on invested funds	☐	☐
☐ Income from franchises, rentals, leases, and royalties	☐	☐
☐ Sale or exchange of property and/or equipment	☐	☐
☐ Charges and/or fees for special events	☐	☐
☐ Contracts for care from private agencies Specify ________________________	☐	☐
☐ Other, specify ________________________	☐	☐

2. Are you receiving or do you expect to receive any income which can be used only for restricted purposes?

No ( ) → GO TO QUESTION 3

Yes ( ) →

What is the source of this income (e.g., government grant, foundation, individual donor)? ____________________

____

What restrictions are imposed? ____________________

____

____

3. Do you submit written bills to each parent for the services your center provides?

No ( ) → GO TO QUESTION 4

Yes ( ) →

	Yes	No
Do the bills identify the child for whom care was provided?	( )	( )
Do the bills identify the person or organization who will receive the bill?	( )	( )
Do the bills indicate the time period for which payment is being requested (e.g., child care during May)?	( )	( )

When you first submit a bill for service, is it for:

( ) service already provided

( ) service to be provided in the future

( ) other; specify ____________________

____

4. Are records of remittance linked to records of invoices?

No ( ) Yes ( ) → How? ____________________

____

5. How are uncollectable accounts handled in the accounting records?

____

At what point are they categorized as "uncollectable?"

____

What entry is made to clear uncollectables?

____

6. What control mechanisms exist for income receivables?

		Yes	No
a.	Are two employees assigned jointly to this function?	( )	( )
b.	Is a multicopy prenumber receipt available as a record?	( )	( )
c.	Is there a "day book" listing receipts?	( )	( )
d.	Is the record of receipts compared by comeone routinely with bank deposits by comeone not having direct access to receivables?	( )	( )
e.	Other controls: specify		
	______________________________	( )	( )
	______________________________	( )	( )

IV. Accounts Payable

1. Does the center have purchase orders?

No ☐ → What is used in place of purchase orders? ______________________

Yes ☐ → Under what conditions are they used? ______________

Is there a minimum? ______________________

2. Are encumbrances used?

Yes ☐ No ☐

3. Are itemized bills filed when they are received?

Yes ☐ No ☐ → Comments? ______________

____

4. Is a date stamped onto bills when they are received?

Yes ☐ No ☐ → Comments? ______________

____

5. Are records maintained for petty cash disbursements?

Yes ☐ → Describe ______________

____

No ☐ → Comments? ______________

____

6. Do you have inter-fund transfers?

Yes ☐ → How are they recorded? ______________

____

No ☐

7. Do you have intra-organizational payments?

		Yes	No
Yes ☐ →	Are they identified?	☐	☐
	Do they include G&A (General and Administrative) and overhead?	☐	☐

When are they posted? ______________________

How frequently are they posted? ______________

No ☐

8. Does your accounting system record the following types of supplies? Check all that apply.

a. Office ( )
b. Housekeeping ( )
c. Educational and recreational ( )
d. Food ( )
e. Transportation ( )
f. Health ( )
g. Other, specify ____________________ ( )

9. Do you maintain a detailed list of capital expenditures purchase of buildings, improvements, furniture, equipment) and assets owned by the center? If yes, indicate the types of capital expenditures recorded: Yes ( ) No ( )

a. Buildings and improvements ( )
b. Office furniture and equipment ( )
c. Educational and recreational furniture and equipment ( )
d. Kitchen equipment ( )
e. Transportation equipment ( )
f. Health equipment ( )

10. For owned equipment, do you maintain records of

a. Original cost ( )
b. Acquisition date ( )
c. Scrap value ( )
d. Accumulated depreciation ( )

11. What control mechanisms exist for payables?

		Yes	No
a.	Are duties divided among different employees for purchase, receipt, approval, and disbursement functions of expenditure transactions?	( )	( )
b.	Do bills or invoices accompany checks when they are submitted for signature?	( )	( )
c.	Are invoices approved for payment by responsible department heads?	( )	( )
d.	Are paid checks examined for date, name, cancellation, and endorsement of the time the reconcilement is prepared?	( )	( )

V. Non-Cash Expenses and Income

1. Do you receive any donated goods?

No ( ) → GO TO QUESTION 3

Yes ( ) →

How often do you receive donated goods?

Several times weekly ( )

Several times monthly ( )

Several times annually ( )

2. Are donated goods and space recorded by date received, date of use and source of contribution?

Yes ( ) → Are $ values assigned? Yes ( )

No ( )

No ( ) → Could records be maintained without difficulty? Yes ( )

No ( )

3. Do you receive any donated services?

No ( ) → GO ON TO QUESTION 5

Yes ( ) →

How often do you receive donated services?

Several times weekly ( )

Several times monthly ( )

Several times annually ( )

4. Is donated service recorded by the type of service provided, persons providing the service and the time the service is performed?

Yes ( ) → Are $ values assigned? Yes ( )

No ( )

No ( ) → Could records be maintained without difficulty? Yes ( )

No ( )

5. Is a donation recorded when a good or service is purchased by the center at less than fair market value (i.e., in order to assist the center, the provider of the good or service asks for only a part or token payment)?

Yes ( )

No ( ) → Would it be difficult to do so?

Yes ( )

No ( )

(WHEN ORGANIZATION IS MULTIPURPOSE OR MULTI-CENTER)

6. Is a part of indirect administrative expense assigned to your center and reported as part of your center's costs?

Yes ( ) ⟶ How are they calculated? ______________________

No ( ) ⟶ Would it be difficult to do so?

Yes ( )

No ( )

7. Is staff time spent in performing duties in other parts of the organization or other centers recorded so that salary costs are allocated to those parts or centers?

Yes ( )

No ( )

INVENTORY OF ACCOUNTS

NATIONAL DAY CARE STUDY
ABT ASSOCIATES INC.

INVENTORY OF ACCOUNTS

September 30, 1975

CENTER NAME: ______________________________

SITE: ______________________________

Income Accrued but not Received

Fees and Direct Payments From Parents

Tuition ____________

______________________________ ____________

______________________________ ____________

______________________________ ____________

Gifts and Contributions

______________________________ ____________

______________________________ ____________

Payments for Service from Government Sources ____________

Investment Income ____________

Franchises, Rentals, Leases and Royalties ____________

Sale/Exchange of Property ____________

Special Events ____________

USDA Food Monies ____________

National Day Care Study ____________

Income Received but not Accrued

Fees and Direct Payments From Parents

Tuition ____________

______________________________ ____________

______________________________ ____________

______________________________ ____________

Gifts and Contributions

______________________________ ____________

______________________________ ____________

Payments for Service from Government Sources ____________

Investment Income ____________

Franchises, Rentals, Leases and Royalties ____________

Sale/Exchange of Property ____________

Special Events ____________

USDA Food Monies ____________

National Day Care Study ____________

Expenses Accrued but not Paid

Personnel Expense

Salaries ____________

Fringe Benefits and Employers Share of Payroll Taxes ____________

Payroll Taxes ____________

Workmen's Compensation ____________

Bonding Insurance ____________

Other Fringe Benefits ____________

Professional Fees

______________________________ ____________

______________________________ ____________

Supplies

Educational and Recreational ____________

Food ____________

Transportation ____________

Other ____________

Occupancy

Rent ____________

Real Estate Taxes and License ____________

Utilities (excluding telephone) ____________

Building Insurance ____________

Maintenance and Repairs ____________

Interest on Mortgage ____________

____ ____________

____ ____________

____ ____________

Furniture and Equipment

____ ____________

____ ____________

____ ____________

Special Events and Services

____ ____________

____ ____________

Other Operating Expense

Advertising ____________

Telephone/Telegraph ____________

Taxes (except property and payroll taxes) ____________

____ ____________

____ ____________

____ ____________

____ ____________

Other Expenses

________________________________ __________

________________________________ __________

________________________________ __________

Payment of Principal, Long-Term Debt

Mortgage __________

________________________________ __________

Prepaid Expenses

Personnel Expense

Salaries __________

Fringe Benefits and Employers Share of Payroll Taxes __________

Payroll Taxes __________

Workmen's Compensation __________

Bonding Insurance __________

Other Fringe Benefits __________

Professional Fees

________________________________ __________

________________________________ __________

Supplies

Educational and Recreational __________

Food __________

Transportation __________

Other __________

Occupancy

Rent __________

Real Estate Taxes and License __________

Utilities (excluding telephone) ____________

Building Insurance ____________

Maintenance and Repairs ____________

Interest on Mortgage ____________

____ ____________

____ ____________

____ ____________

Furniture and Equipment

____ ____________

____ ____________

____ ____________

Special Events and Services

____ ____________

____ ____________

Other Operating Expense

Advertising ____________

Telephone/Telegraph ____________

Taxes (except property and payroll taxes) ____________

____ ____________

____ ____________

____ ____________

____ ____________

Other Expenses

____ ____________

____ ____________

____ ____________

Payment of Principal, Long-Term Debt

Mortgage ____________

____ ____________

Minutes to Complete ____________________

Staff Providing Information & Minutes Required

____________________________ __________ minutes

____________________________ __________ minutes

____________________________ __________ minutes

Date Form Completed ______/______/______

Completed by ________________________

STATEMENT OF CURRENT INCOME

National Day Care Study
Abt Associates Inc.

OFFICE USE ONLY
☐☐☐☐☐
01 02 03 04 05

STATEMENT OF CURRENT INCOME

Center Name and ID ________________

Site ________________

Date: ________________

Starting Month ____________ ☐☐ 6/7

Number of Months Covered ____________ ☐ 8

Year *(last digit)* 197☐ 9

DO NOT FILL IN BOXES

CARD 1 / CARD 3

1. Total Income for Current Period	$________.____	10/11/12/13/14/15 ☐☐☐☐☐☐	16/17 ☐☐
2. Fees and Direct Payments from Parents			
(a) Private	________.____		
(a) Seattle Child Care Services Project/Parent Contributions	________.____		
(a) DSHS, Parent Contributions	________.____		
(a) Subtotal.	________.____	18/19/20/21/22/23 ☐☐☐☐☐☐	24/25 ☐☐
(b) Registration Fee.	0.00	26/27/28/29/30/31 ☐☐☐☐☐☐	32/33 ☐☐
(c) Activity Fee.	________.____	34/35/36/37/38/39 ☐☐☐☐☐☐	40/41 ☐☐
(d) Transportation Charges. . .	0.00	42/43/44/45/46/47 ☐☐☐☐☐☐	48/49 ☐☐
(e) Insurance Collected	________.____	50/51/52/53/54/55 ☐☐☐☐☐☐	56/57 ☐☐
3. Gifts and Contributions			
(a) Donations	________.____	58/59/60/61/62/63 ☐☐☐☐☐☐	64/65 ☐☐
(b) University of Washington Staff Reimbursement	________.____	66/67/68/69/70/71 ☐☐☐☐☐☐	72/73 ☐☐
(c) Legacies, Memorials and Bequests.	0.00	6/ 7/ 8/ 9/10/11 ☐☐☐☐☐☐	12/13 ☐☐
(d) Participation in Fund Raising Campaigns	0.00	14/15/16/17/18/19 ☐☐☐☐☐☐	20/21 ☐☐
(e) $ Value of Donated Volunteer and Professional Services .	________.____	22/23/24/25/26/27 ☐☐☐☐☐☐	28/29 ☐☐

(f) Donations of Grounds, Furniture, Buildings, Equipment and Goods . . . . . ______.___ 30/31/32/33/34/35 ☐☐☐☐☐☐ . 36/37 ☐☐

4. Payment for Services from Government Sources

(a) SGCSP . . . . ______.___

(a) DSHS . . . . ______.___

(a) Subtotal. . . . . ______.___ 38/39/40/41/42/43 ☐☐☐☐☐☐ . 44/45 ☐☐

5. Investment Income . . . . 0.00 46/47/48/49/50/51 ☐☐☐☐☐☐ . 52/53 ☐☐

6. Income from Franchises, Rentals and Leases, and Royalties . . . . 0.00 54/55/56/57/58/59 ☐☐☐☐☐☐ . 60/61 ☐☐

7. Sale or Exchange of Property. . . 0.00 62/63/64/65/66/67 ☐☐☐☐☐☐ . 68/69 ☐☐

8. Special Events . . . . 0.00 70/71/72/73/74/75 ☐☐☐☐☐☐ . 76/77 ☐☐

9. USDA Food Monies. . . . . ______.___ 6/ 7/ 8/ 9/10/11 ☐☐☐☐☐☐ . 12/13 ☐☐

10. National Day Care Study Monies. . ______.___ 14/15/16/17/18/19 ☐☐☐☐☐☐ . 20/21 ☐☐

11. Miscellaneous (Description Please)

______________ ______.___ 22/23/24/25/26/27 ☐☐☐☐☐☐ . 28/29 ☐☐

Minutes to Complete: ☐☐ 62/63

Staff Providing Info & Minutes Required:

______________ ☐☐ mins. 70/71

______________ ☐☐ mins. 72/73

______________ ☐☐ mins. 74/75

Date Form Completed: month ☐☐ 64/65 day ☐☐ 66/67 year ☐☐ 68/69

Completed by: ______________

OMB #85-R0282
Expires: 6/30/76

☐☐ 60/61

OFFICE USE ONLY FORM CODE ☐☐ 76/77

STATEMENT OF CURRENT EXPENSE

National Day Care Study

Abt Associates Inc.

OFFICE USE ONLY
☐☐☐☐☐
01 02 03 04 05

STATEMENT OF CURRENT EXPENSE

Center Name and ID______________________________

Site______________________________

Date:______________________________

Starting Month ____________ ☐☐ 6/7

Number of Months Covered________ ☐ 8

Year *(last digit)* 197☐ 9

DO NOT FILL IN BOXES

CARD 1 / CARD 7

1. Total Expenditures for Period . .	$__________.___	10/11/12/13/14/15 . 16/17 ☐☐☐☐☐☐ ☐☐
2. Personnel		
(a) Salaries	__________.___	
(a) Casual Labor	__________.___	
(a) Maintenance & Repairs (Janitor Agreement Only).	__________.___	
(a) Subtotal	__________.___	18/19/20/21/22/23 . 24/25 ☐☐☐☐☐☐ ☐☐
(b) Fringe Benefits.	__________.___	
(b) Employer Share Payroll Taxes .	__________.___	
(b) Subtotal	__________.___	26/27/28/29/30/31 . 32/33 ☐☐☐☐☐☐ ☐☐
(c) $ Value of Donated Professional Services.	__________.___	34/35/36/37/38/39 . 40/41 ☐☐☐☐☐☐ ☐☐
3. Professional Fees		
(a) Child Care-Related Professional Fees	0.00	42/43/44/45/46/47 . 48/49 ☐☐☐☐☐☐ ☐☐
(b) Administration-Related Professional Fees.	0.00	50/51/52/53/54/55 . 56/57 ☐☐☐☐☐☐ ☐☐
(c) $ Value of Donated Professional Services.	__________.___	58/59/60/61/62/63 . 64/65 ☐☐☐☐☐☐ ☐☐

4. Supplies

(a) Child Expense	______.____	66/67/68/69/70/71 . 72/73
(b) Groceries	______.____	6/ 7/ 8/ 9/10/11 . 12/13
(c) Transportation.	______.____	14/15/16/17/18/19 . 20/21
(d) Office Supplies	______.____	
(d) Cleaning Supplies	______.____	
(d) Single Use Supplies	______.____	
(d) Subtotal.	______.____	22/23/24/25/26/27 . 28/29
(e) Value of Donated Supplies . . .	______.____	30/31/32/33/34/35 . 36/37

5. Occupancy

(a) Rent	______.____	38/39/40/41/42/43 . 44/45
(b) Real Estate Taxes	0.00	46/47/48/49/50/51 . 52/53
(c) Repairs & Maintenance (Excluding Janitor Agreement) .	______.____	54/55/56/57/58/59 . 60/61
(d) Utilities	______.____	62/63/64/65/66/67 . 68/69
(e) Insurance	______.____	70/71/72/73/74/75 . 76/77
(f) Depreciation on Building. . . .	______.____	6/ 7/ 8/ 9/10/11 . 12/13
(g) Interest on Mortgage.	0.00	14/15/16/17/18/19 . 20/21
(h) Amortization of Leasehold Improvements.	0.00	22/23/24/25/26/27 . 28/29
(i) $ Value of Donated Space and Land.	______.____	30/31/32/33/34/35 . 36/37

6. Furniture and Equipment

(a) Furniture and Equipment (Value over $250)	0.00	38/39/40/41/42/43 . 44/45
(b) Rent.	0.00	46/47/48/49/50/51 . 52/53
(c) Depreciation.	______.____	54/55/56/57/58/59 . 60/61
(d) Maintenance & Repairs	0.00	62/63/64/65/66/67 . 68/69
(e) Property Taxes.	0.00	70/71/72/73/74/75 . 76/77

(f) $ Value of Donated Furniture & Equipment.	______.___	6/ 7/ 8/ 9/10/11 . 12/13
7. Special Events and Services		
(a) Meetings & Events Related to Administration of Center . .	0.00	14/15/16/17/18/19 . 20/21
(b) Staff Growth and Development. .	0.00	22/23/24/25/26/27 . 28/29
(c) Family Services	0.00	30/31/32/33/34/35 . 36/37
(d) Parent Activities	0.00	38/39/40/41/42/43 . 44/45
(e) Field Trips	0.00	46/47/48/49/50/51 . 52/53
8. Other Operating Expenses		
(a) Advertising	0.00	54/55/56/57/58/59 . 60/61
(b) Bank Charges.	0.00	62/63/64/65/66/67 . 68/69
(c) Telephone	______.___	70/71/72/73/74/75 . 76/77
(d) Postage & Shipping.	______.___	6/ 7/ 8/ 9/10/11 . 12/13
(e) Licenses, Permits & Insurance Related to Transportation.	0.00	14/15/16/17/18/19 . 20/21
(f) Licenses, Permits & Liability Insurance	0.00	22/23/24/25/26/27 . 28/29
(g) Dues & Subscriptions.	0.00	30/31/32/33/34/35 . 36/37
(h) Moving Expenses	0.00	38/39/40/41/42/43 . 44/45
(i) Taxes (Except Property & Payroll Taxes).	0.00	46/47/48/49/50/51 . 52/53
(j) Uncollectable Accounts.	0.00	54/55/56/57/58/59 . 60/61
(k) Printing & Duplicating.	0.00	62/63/64/65/66/67 . 68/69
(l) Contributions by Center	0.00	70/71/72/73/74/75 . 76/77
(m) Miscellaneous (Description Please)	______.___	
(m) ______________________	______.___	
(m) Subtotal.	______.___	6/ 7/ 8/ 9/10/11 . 12/13

9. Other Expenses

(a) Interest (Except for Mortgage) . . . . 0.00 14/15/16/17/18/19 . 20/21 ☐☐☐☐☐☐ . ☐☐

(b) Loss on Sale of Assets. . . . . 0.00 22/23/24/25/26/27 . 28/29 ☐☐☐☐☐☐ . ☐☐

(c) Loss from Fire, Theft or Vandalism . . . . 0.00 30/31/32/33/34/35 . 36/37 ☐☐☐☐☐☐ . ☐☐

(d) Indirect Administrative Expense . . . . 0.00 38/39/40/41/42/43 . 44/45 ☐☐☐☐☐☐ . ☐☐

Minutes to Complete: ☐☐ 62/63

Staff Providing Info & Minutes Required:

________________ ☐☐ mins. 70/71

________________ ☐☐ mins. 72/73

________________ ☐☐ mins. 74/75

Date Form Completed: month ☐☐ 64/65 day ☐☐ 66/67 year ☐☐ 68/69

Completed by: ________________

OMB #85-R0282
Expires: 6/30/76

☐☐ 60/61

OFFICE
USE ONLY
FORM CODE
☐☐ 76/77

WORKSHEET FOR DONATED SERVICES

Worksheet for Donated Services

for the period __________ through __________

Site: ______________________________

Center: ______________________________

Completed by: ______________________________

OFFICE USE ONLY

☐☐☐☐☐

OMB Approval: # 85-R0282

Expires: 6/30/76

Date	Description	Functional Code	Number of Hours	Partial Payment	Estimated Value	Value of Contribution

Instructions:

Description: *If a professional service is being listed, please give the professional status of the person(s) providing the service.*

Functional code: *List one of the following categories: (1) Administration; (2) Child care and supervision; (3) Food services; (4) Health services; (5) Transportation; (6) Occupancy; (7) Family services; (8) Staff development; (9) Parent activities.*

Partial Payment: *Record any payment made for this service* **by the center.**

Estimated Value: *Please do not fill out.*

Value of Contribution: *Please do not fill out.*

National Day Care Study

Abt Associates Inc.

WORKSHEET FOR DONATED LAND AND BUILDINGS

Worksheet for Donated Land and Buildings

for the period __________ through __________

Site: ______________________________

Center: ______________________________

Completed by: ______________________________

OFFICE USE ONLY

☐☐☐☐☐

OMB Approval: #85-R0282

Expires: 6/30/76

Date	Description	Functional Code	Quantity	Partial Payment	Estimated Value	Value of Contribution

Instructions:

Functional code: *List one of the following: (1) Office; (2) Educational and Recreational; (3) Kitchen; (4) Transportation; (5) Health.*

Quantity: *Include units (pounds, boxes, etc.) when appropriate.*

Partial Payment: *Record any payment made towards the item* by the center.

Estimated value: *Complete only if the actual cost is known.*

National Day Care Study

Abt Associates Inc.

WORKSHEET FOR DONATED SUPPLIES

Worksheet for Donated Supplies

for the period ________ through ________

Site: ______________________________
Center: ______________________________
Completed by: ______________________________

OFFICE USE ONLY
☐☐☐☐☐

OMB Approval: #85-R0282
Expires: 6/30/76

Date	Description	Functional Code	Quantity	Partial Payment	Estimated Value	Value of Contribution

Instructions:

Functional code: *List one of the following: (1) Office; (2) Housekeeping; (3) Educational and Recreational; (4) Food; (5) Transportation; (6) Health; (7) Other.*
Quantity: *Include units (pounds, boxes, etc.) when appropriate.*
Partial Payment: *Record any payment made towards the item by the center.*
Estimated value: *Complete only if the actual cost is known.*

National Day Care Study
Abt Associates Inc.

WORKSHEET FOR DONATED EQUIPMENT

Worksheet for Donated Equipment

for the period ________ through ________

Site: ______________________________

Center: ______________________________

Completed by: ______________________________

OFFICE USE ONLY

☐☐☐☐☐

OMB Approval: # 85-R0282

Expires: 6/30/76

Date	Description	Functional Code	Quantity	Partial Payment	Estimated Value	Value of Contribution

Instructions:

Functional code: *List one of the following:* **(1) Office; (2) Educational and Recreational; (3) Kitchen; (4) Transportation; (5) Health.**

Quantity: *Include units (pounds, boxes, etc.) when appropriate.*

Partial Payment: *Record any payment made towards the item by the center.*

Estimated value: *Complete only if the actual cost is known.*

National Day Care Study

Abt Associates Inc.

DEPRECIATION WORKSHEET

Site: ______________________

Center ID: # ______________________

Completed by: ______________________

OMB Approval: # ______________

Expires: ______________

DEPRECIATION WORKSHEET

For the Period of ______________ Through ______________

Date of Acquisition	Estimated Years Useful Life	Original Cost	Salvage Value	Original Depreciable Balance	Prior Accumulated Depreciation	Current Depreciation Expense

EMPLOYEE COMPENSATION WORKSHEET

Site: ______________________

Center ID: # ________________

Completed by: ______________

OMB Approval: # 85R-0282
Expires: 6/30/76

WORKSHEET: EMPLOYEE COMPENSATION AND FRINGE BENEFITS

NAME	ID NO.	Dept.	PERIOD	Daily (Hrly) Salary	Days (Hrs) Reg. Pay	Days (Hrs) Ovt. Pay	OTHER SPECIAL COMPENSATION	GROSS SALARY EXPENSE	NET PAY	PORTION OF TAXES AND FRINGE BENEFIT PAID BY EMPLOYER						TOTAL PERSONNEL EXPENSE
										FICA	WORKMEN'S COMPENSATION	HEALTH INSURANCE	RETIREMENT	LIFE AND ACCIDENT INSURANCE	OTHER	
			Subtotal													

INSTRUCTIONS

Name: Enter full name of employee.

ID No: Enter employee's Identification number if the center maintains an identification system.

Dept: Enter employee's department or function using the following code: (1) Administration, (2) Child care and supervision, (3) Food Services, (4) Health Services, (5) Transportation, (6) Occupancy, (7) Family Services, (8) Staff development, (9) Parent activities.

Period: Enter here the pay period dates; Five lines are provided for weekly entries for each employee.

Daily (Hourly) Salary: For salaried employees enter daily salary calculated as ratio of salary per pay period (e.g., week or month), divide by work days in the pay period. For employees paid by hour, enter hourly rate. For special compensation enter the type of compensation (overtime, Christmas bonus, etc.)

Days (Hours) of Regular Pay: Enter, for salaried employees, the number of worked for pay days in the current report period and, for hourly employees, the number of hours worked for pay in the current report period.

Days (Hours) of Overtime Pay: Enter for those employees who may earn overtime compensation, the number of days or hours in the current pay period.

Other Special Compensation: Enter bonuses or other compensation paid to employees and the period covered by the payment, e.g., for annual bonuses enter the amount and 1/75 - 12/75 in this column.

Gross Salary Expense: Enter the gross salary earned by the employee including regular and overtime pay and special compensation.

Net Pay: Enter the amount paid to the employee. If cash-basis recording, enter payments actually made during the current pay period; for accrual-basis recording, enter current accrual expense.

Taxes and Fringe Benefits Paid by Employer: The entries in these columns should be the amounts paid (cash-basis) or accrued (accrued-basis) during the current report period. Count only the portion of FICA, insurance, etc. paid by employer as an addition to gross salary. If expense cannot be allocated to individual employees, enter total current expense at the bottom of the worksheet on the "Total" line.

Total Personnel Expense: Enter the sum of "Gross Salary Expense" plus entries in "Taxes and Fringe Benefits" columns.

Subtotal: Enter monthly totals by totaling weekly entries.

PARENT MEASURES TABLE OF CONTENTS

Page

Parent Measures Pretest 168

Parent Measures Posttest 207

2.3 Parent Measures

The Parent Interview has been designed both to perform multiple information-gathering tasks and to serve as an initial point of contact between parents and study staff. The interviews which will be organized by a Parent Coordinator at each site and conducted by specially trained Parent Interviewers, will yield:

- permission from the parent for the observation and testing of the child during the study
- information about family structure and Social Economic Status (SES)
- information about parental expectations of day care and their reasons for using center care
- an assessment of parental satisfaction with various aspects of day care.

Two versions of the Parent Interview have been prepared:

- The Pretest is administered early in the fall of 1975 to parents of children who entered the center after July 1, 1975. This version of the interview seeks to determine the expectations of parents who are new to the center and their reasons for choosing this particular center. In addition, information is collected on parents' education and occupational status and on other family members.

- The Posttest is administered in the fall to parents whose children were in the day care center before July 1, 1975. This version of the interview primarily contains questions on parental involvement with the center. It is designed to capture the parents' perception of the impact of the day care center upon their children and upon themselves. Parents are questioned about their satisfaction with various aspects of day care. The Posttest contains the same questions on family structure as the Parent Interview Pretest. A shorter version of the Posttest will be administered in April 1976 to a sample of parents who received the pretest in the fall.

Copies of the Pretest and the Posttest are included below.

PARENT MEASURES PRETEST

Abt Associates Inc.
55 Wheeler Street
Cambridge, MA.
02138

OMB NO. 85R0279
Approval Expires 6/76

August 12, 1975

NATIONAL DAY CARE STUDY

PARENT INTERVIEW

PRETEST

PLEASE PRINT CAREFULLY

Name of Child ____________________
Last First Middle

Child ID ☐☐☐☐☐☐☐☐☐☐

Name of Parent/Respondent ____________________
Last First Middle

Current Address ____________________
Number Street Apt. No.

____
City/Town State Zip Code

Home Telephone # ____________________

Name of Center ____________________

Center ID ☐☐☐☐☐☐

Date of Interview ☐☐ ☐☐ 197☐

Interviewer Name ____________________

Final Status

Complete ( )
Refused ( )
Incomplete ( )
Items Missing ( )
____
____
No Contact ( )
Language Barrier ( )

CALL RECORD

#	DATE	TYPE		INTERVIEWER ID NUMBER	NO ANSWER	RESP. NOT HOME/NOT AVAILABLE	RESP. REFUSED	RESP. COMP. INTERVIEW
		PHONE	LETTER					
1								
2								
3								
4								

HEW APPROVAL DATE

INTERVIEWER ID #

Hello. My name is _______________. I work for Abt Associates in Cambridge, Massachusetts. Abt is assisting the Office of Child Development with their National Day Care Study. Did you receive our letter about the study? IF YES, SKIP TO BOTTOM OF PAGE.

IF NO:

May I tell you a little about the study?

We are helping the U.S. Department of Health, Education and Welfare Office of Child Development to gather information about day care centers and their usefulness to many kinds of parents. As more and more mothers need day care the demand for day care has increased but no one knows much about how day care affects children and their parents. To make sensible decisions about what kinds of day care centers best meet the needs of parents and children, good information is needed. The National Day Care Study will try to provide some of that information.

We will look at 64 day care centers in three major cities across the country. The center in which your child is enrolled has been selected to take part in the Study. During the first year, we will study the centers as they are at present. During the second year, we will provide funds to improve some centers to see if this changes what happens to children in day care. We will also examine the costs of different kinds of day care centers.

The design part of the Study began in July, 1974. Actual study of the centers began this summer and continues through June, 1977. Interviews with center staff and parents will help us to gather information about children and their day care centers. Interviews with parents will provide information about their need for and satisfaction with day care and the extent to to which they are involved with their day care centers. In addition, we will observe your child's growth in the kind of skills and abilities that children of this age acquire in day care.

Interviewers, who will be hired from your area and given special training, will talk to parents like yourselves about day care in the fall and again in the spring. We will make sure that this is done at a time that is convenient for you. The interview will last about an hour. All information given by parents or center staff is confidential and will not be reported in a way that identifies individuals. Your participation in this study is voluntary. Whether or not you participate or how you answer any question, should you desire to participate, will not in any way affect your right to send your child here or to any other day care center, or affect your eligibility for present or future federal programs or benefits.

We hope that you will be willing to help us in this effort and allow your child to participate in the study. If you have any questions about the study, please let your center director know. We look forward to working with you, your children and the staff of your center. GO TO NEXT PAGE.

IF YES:

Do you have any questions about the study? IF YES, DEAL WITH QUESTIONS FIRST.

IF NO:

Would you be willing to have your child participate in the study and would you yourself be willing to answer some questions about your family and your feelings about day care?

YES ☐ ASK RESPONDENT TO CHECK BOX BELOW AND SIGN NAME.

NO ☐ CLOSE INTERVIEW AND THANK RESPONDENT.

HAND PARENT A COPY OF THE CONFIDENTIALITY STATEMENT.

READ STATEMENT ALOUD TO PARENT.

Confidentiality Statement

Your participation in this study is entirely voluntary. Whether or not you participate or how you answer any of the questions, should you desire to participate, will not in any way affect your right to send your child here or to any other day care center, or affect your eligibility for present or future federal programs or benefits. All completed interview forms will have names and addresses removed from them at the Site Office. No member of a day care center staff or parent will have access to data on individual parents or children at any time. No information about any individual respondent will be specifically identified in any reports published by Abt Associates. All individual respondent data collected on site will be held in confidence and all data analyses will reflect either group response or anonymous individual data. All data will be turned over to the U.S. Department of HEW upon completion of the study.

☐ Yes. I am willing to be interviewed for the National Day Care Study and to allow my child(ren) to participate in the study. I understand that I may refuse to answer any questions I do not wish to answer.

☐ Yes, I understand that participation means that my child will be observed and tested twice during the year, in the fall and in the spring.

IF INTERVIEW COMPLETED, PLEASE FILL OUT:

For Interviewer

This interview has been conducted according to all specifications of the Field Manual.

Signature of Interviewer

Date

For Participant

I have received five dollars to reimburse expenses.

Signature of Respondent

Date

Abt Associates Inc.
55 Wheeler Street
Cambridge, Mass.
02138

O.M.B. No. 85R0279
Approval Expires 6/76

12 August 1975

National Day Care Study

Parent Interview

Pretest

Center Name ______________________

Site Name ______________________

Child I.D. # 8/9/10/11/12/13/14/15/16/17 ☐☐☐☐☐☐☐☐☐☐

Permanent I.D. # 1/ 2/ 3/ 4/ 5/ 6/ 7 ☐☐☐☐☐☐☐

Final Status		18
Complete	( )	1
Refused	( )	2
Incomplete	( )	3
Items Missing	( )	4
______________		
______________		
No Contact	( )	5
Language Barrier	( )	6

Date of Interview ☐☐ ☐☐ 197☐

Interviewer Name ______________________

Interviewer ID ☐☐

CALL RECORD

#	DATE	TYPE		INTERVIEWER ID NUMBER	NO ANSWER	RESP. NOT HOME/NOT AVAILABLE	RESP. REFUSED	RESP. COMP. INTERVIEW
		PHONE	LETTER					
1								
2								
3								
4								

HEW APPROVAL DATE

INTERVIEWER ID #

CARD 1

Now, I'd like to ask you some questions about child care and about this center.

1. Is this the first time you have used full day care for NAME OF CHILD?

19/20

Yes	( )	01	→ SKIP TO Q.2
No	( )	02	
Don't know	( )	-2	→ SKIP TO Q.2

IF NO, ASK A:

(1)A. What other care arrangements did you make for NAME OF CHILD? PROBE.

DO NOT READ LIST. DO NOT CHECK MORE THAN FIVE RESPONSES.

A.	In this day care center	( )	01	
B.	In another day care center	( )	02	21/22
C.	In own home by spouse	( )	03	
D.	In own home by older sibling	( )	04	23/24
E.	In own home by relative (not spouse or sibling)	( )	05	
F.	In own home by non-relative	( )	06	25/26
G.	In other home by relative	( )	07	
H.	In other home by non-relative	( )	08	27/28
I.	In nursery school	( )	09	29/30
J.	In babysitting cooperative	( )	10	
K.	Headstart	( )	11	
L.	Child stays by self	( )	12	
M.	Cared for by parent(s) at work	( )	13	
N.	Other (SPECIFY) ______	( )	14	
O.	Skipped	( )	-1	

CARD 1

(1)B. Why did you stop using that child care arrangement? What was the main reason? PROBE. Was there anything about the first arrangement you had that you didn't like? DO NOT READ LIST. CHECK ONLY ONE RESPONSE. RECORD BELOW WITH Q.1C.

(1)C. Are there any other reasons? DO NOT READ LIST. DO NOT CHECK MORE THAN FOUR RESPONSES.

		Q.1B	Q.1C	
A.	Too expensive	( ) 01	( )	
B.	Did not like location	( ) 02	( )	
C.	Transportation problems	( ) 03	( )	
D.	Inconvenient hours	( ) 04	( )	
E.	Too little discipline	( ) 05	( )	
F.	Too much discipline	( ) 06	( )	
G.	Too little supervision	( ) 07	( )	
H.	Lack of educational program	( ) 08	( )	
I.	Lack of program of activities	( ) 09	( )	
J.	Lack of trained staff	( ) 10	( )	
K.	Did not like child care provider	( ) 11	( )	
L.	Did not like facilities	( ) 12	( )	
M.	Child too young	( ) 13	( )	
N.	Child not toilet trained	( ) 14	( )	
O.	Child has special problems or needs	( ) 15	( )	
P.	Child too old (outgrew arrangements)	( ) 16	( )	
Q.	Child unhappy in the center	( ) 17	( )	
R.	I stopped working	( ) 18	( )	
S.	I started working	( ) 19	( )	
T.	I moved	( ) 20	( )	
U.	Provider no longer available	( ) 21	( )	
V.	Program out of existence	( ) 22	( )	
W.	Place in current center became available	( ) 23	( )	→ ASK 1
X.	Other (SPECIFY) ______________________________ ______________________________ ______________________________	( ) 24	( )	
Y.	Skipped	( ) -1	( )	

31/32
Q.1B ☐☐

33/34
Q.1C ☐☐

35/36
☐☐

37/38
☐☐

39/40
☐☐

CARD 1

IF "W" CHECKED, ASK 1:

(1C)1. Was there anything about the first arrangement you had that you didn't like?

		41/42	45/46
Skipped	( ) -1	☐☐	☐☐
		43/44	47/48
Don't Know	( ) -2	☐☐	☐☐

2. Do you have other children who have used child care on a regular, full day basis in the past?

49/50

Yes	( ) 01	
No	( ) 02	→ SKIP TO Q.3
Don't know	( ) 03	→ SKIP TO Q.3

IF YES, ASK A:

(2)A. What arrangements did you make for them? DO NOT READ LIST. DO NOT CHECK MORE THAN FIVE RESPONSES.

A.	In this day care center	( ) 01	51/52 ☐☐
B.	In another day care center	( ) 02	53/54 ☐☐
C.	In own home by spouse	( ) 03	
D.	In own home by older sibling	( ) 04	55/56 ☐☐
E.	In own home by relative (not spouse or sibling)	( ) 05	
F.	In own home by non-relative	( ) 06	57/58 ☐☐
G.	In other home by relative	( ) 07	
H.	In other home by non-relative	( ) 08	59/60 ☐☐
I.	In nursery school	( ) 09	
J.	In babysitting cooperative	( ) 10	
K.	Headstart	( ) 11	
L.	Child stays by self	( ) 12	
M.	Cared for by parent(s) at work	( ) 13	
N.	Other (SPECIFY) ______________________	( ) 14	
O.	Skipped	( ) -1	

CARD 1

3. Why do you need regular full day care for NAME OF CHILD? PROBE. What was your reason for needing care? PROBE. Are there any other reasons? DO NOT READ LIST. RECORD VERBATIM AND CHECK BELOW IN Q.3A. CHECK NO MORE THAN THREE.

IF MORE THAN ONE REASON MENTIONED, ASK A:

(3)A. Which reason is the most important to you? DO NOT READ LIST. CHECK ONLY ONE RESPONSE.

		Q.3		Q.3A	
A.	I am working or looking for work	( )	01	( )	
B.	So I can go out (social, shopping, entertainment, doctor, etc.)	( )	02	( )	
C.	So I can carry on regular community, charity or volunteer activities	( )	03	( )	
D.	I am in or plan to go to school	( )	04	( )	
E.	I am in or plan to take job training	( )	05	( )	
F.	I have a physical handicap	( )	06	( )	
G.	I need to get away from children for a while sometimes	( )	07	( )	
H.	To help my child learn things he/she needs for school/mental development	( )	08	( )	
I.	To teach my child how to be more social (sharing/cooperative)	( )	09	( )	
J.	To help my child be less shy (withdrawn, nervous)	( )	10	( )	
K.	To help my child be more self-controlled (follow rules better, do what she/he is told, be disciplined)	( )	11	( )	
L.	To help my child unlearn bad behavior (fighting, bad words, etc.)	( )	12	( )	
M.	My child is too young for kindergarten	( )	13	( )	→ ASK B
N.	Other (SPECIFY) ______________________	( )	14	( )	
O.	Skipp[illegible]	( )	-1	( )	

Q.3 61/62 ☐☐

63/64 ☐☐

65/66 ☐☐

Q.3A 67/68 ☐☐

CARD 1

IF "M" IS CHECKED, ASK B:

(3)B. What was your reason for needing care?

69/70 ☐☐

71/72 ☐☐

73/74 ☐☐

SKIPPED ( ) -1

Now, I would like to ask you some questions about this center.

4. First, when you were deciding to put NAME OF CHILD in day care, did you know about other possible child care arrangements?

		75/76	
Yes	( )	01	
No	( )	02	→ SKIP TO Q.6
Don't Know	( )	-2	

CARD 2

5. Why did you decide to send your child to this day care center rather than any other? PROBE. DO NOT READ LIST. RECORD VERBATIM. CHECK NOT MORE THAN THREE RESPONSES BELOW.

IF MORE THAN ONE REASON MENTIONED, ASK A:

(5)A. Which reason was the most important to you?

		Q.5		Q.5A	
A.	Cost is reasonable	( )	01	( )	Q.5 8/9 ☐☐
B.	Location to home	( )	02	( )	
C.	Location to work	( )	03	( )	10/11 ☐☐
D.	Transportation	( )	04	( )	
E.	Length of time center is open	( )	05	( )	12/13 ☐☐
F.	Clean/safe facilities or neighborhoods	( )	06	( )	Q.5A 14/15 ☐☐
G.	Assigned by agency	( )	07	( )	
H.	Didn't know of any other centers	( )	08	( )	
I.	Only center with vacancy	( )	09	( )	
J.	Confidence in director	( )	10	( )	
K.	Right kind of discipline	( )	11	( )	
L.	Right kind of supervision	( )	12	( )	
M.	Number of available caregivers	( )	13	( )	
N.	Well-trained teachers	( )	14	( )	
O.	Educational program	( )	15	( )	
P.	Good training of child for school	( )	16	( )	
Q.	Can handle special problems of my child	( )	17	( )	
R.	Availability of doctors, social workers, etc.	( )	18	( )	
S.	Meals and snacks	( )	19	( )	
T.	Opportunity to participate in decision-making	( )	20	( )	
U.	Recommended by someone	( )	21	( )	→ ASK B
V.	Other (SPECIFY) ________________________	( )	22	( )	
W.	Skipped	( )	-1	( )	

CARD 2

IF "U" IS CHECKED, ASK B:

(5)B. What did they say about this center that convinced you to send NAME OF CHILD there?

16/17 ☐☐

18/19 ☐☐

20/21 ☐☐

Skipped ( ) -1

CARD 2

6. If you had a choice, would you rather have NAME OF CHILD taken care of in a center like this or in family day care?

		22/23
Center like this	( )	01
Family day care	( )	02
No preference	( )	03 } SKIP TO Q. 7
Don't know	( )	-2 } SKIP TO Q. 7

IF PREFERENCE IS GIVEN, ASK A:

(6)A. Why do you feel that way? DO NOT READ LIST. RECORD VERBATIM. CHECK NOT MORE THAN FIVE RESPONSES BELOW.

A.	Reasonable cost	( )	01
B.	Convenience of location	( )	02
C.	Transportation	( )	03
D.	Length of time center is open	( )	04
E.	Clean/safe facilities or neighborhoods	( )	05
F.	Confidence in director	( )	06
G.	Right kind of discipline	( )	07
H.	Right kind of supervision	( )	08
I.	Number of available caregivers	( )	09
J.	Well-trained teachers	( )	10
K.	Educational program	( )	11
L.	Good training of child for school	( )	12
M.	Can handle special problems of my child	( )	13
N.	Availability of doctors, social workers, etc.	( )	14
O.	Meals and snacks	( )	15
P.	Opportunity to affect program	( )	16
Q.	Other (SPECIFY) ______________________	( )	17
R.	Skipped	( )	-1

24/25 ☐☐

26/27 ☐☐

28/29 ☐☐

30/31 ☐☐

32/33 ☐☐

CARD 2

Now, I'd like to ask you about some things that happen in centers.

7. Do you feel that discipline is very important, somewhat important, or not important at all?

Very important	( )	01	
Somewhat important	( )	02	34/35
Not important at all	( )	03	☐☐
Don't know	( )	-1	

8. Do you feel that letting children pick their own activities in day care centers is very important, somewhat important, or not important at all?

Very important	( )	01	
Somewhat important	( )	02	36/37
Not important at all	( )	03	☐☐
Don't know	( )	-1	

9. Do you feel that preparing children for grade school in a day care center is very important, somewhat important, or not important at all?

Very important	( )	01	
Somewhat important	( )	02	38/39
Not important at all	( )	03	☐☐
Don't know	( )	-1	

10. How important do you feel it is to have at least one teacher who is trained to care for young children in each classroom? Do you feel it is very important, somewhat important, or not important at all?

Very important	( )	01	
Somewhat important	( )	02	40/41
Not important at all	( )	03	☐☐
Don't know	( )	-1	

11. How important is it to have constant supervision for each child in the classroom? Do you feel it is very important, somewhat important, or not important at all?

Very important	( )	01	
Somewhat important	( )	02	42/43
Not important at all	( )	03	☐☐
Don't know	( )	-1	

CARD 2

12. How important is it to have individual attention for each child? Do you feel it is very important, somewhat important, or not important at all?

Very important	( )	01	
Somewhat important	( )	02	44/45
Not important at all	( )	03	☐☐
Don't know	( )	-1	

13. How important is it to have caregivers experienced in taking care of children? Do you feel it is very important, somewhat important, or not important at all?

Very important	( )	01	
Somewhat important	( )	02	46/47
Not important at all	( )	03	☐☐
Don't know	( )	-1	

14. How important is it for parents to help hire a new director when one is needed? Do you feel it is very important, somewhat important, or not important at all?

Very important	( )	01	
Somewhat important	( )	02	48/49
Not important at all	( )	03	☐☐
Don't know	( )	-1	

15. How important do you feel it is for parents to help hire new teachers? Do you feel it is very important, somewhat important, or not important at all?

Very important	( )	01	
Somewhat important	( )	02	50/51
Not important at all	( )	03	☐☐
Don't know	( )	-1	

CARD 2

16. What do you think are the things that make a good day care teacher? DO NOT READ LIST. RECORD VERBATIM. CHECK BELOW NOT MORE THAN THREE RESPONSES.

52/53 ☐☐

54/55 ☐☐

56/57 ☐☐

Style

A.	Warm/loving	( )	01
B.	Likes children	( )	02
C.	Understands children's needs	( )	03
D.	Patient	( )	04
E.	Firm	( )	05
F.	Flexible	( )	06
G.	Enthusiastic	( )	07
H.	Respects parents	( )	08
I.	Respects minority culture	( )	09

Technique

J.	Knows how to help children develop cognitive skills	( )	10
K.	Knows how to help children develop social skills	( )	11
L.	Knows how to handle emotional crises	( )	12
M.	Manages classroom well	( )	13
N.	Can make toys	( )	14
O.	Knows a lot of games	( )	15

Personal Traits

O.	Young	( )	16
P.	Older	( )	17
R.	Sex	( )	18
S.	Experienced	( )	19
T.	College-trained	( )	20
U.	Same race as me	( )	21
V.	Other (SPECIFY) ________________________	( )	22
W.	Don't know	( )	-2

CARD 2

17. We would like to ask you about the number of 3 and 4 year olds a responsible adult can reasonably handle. How many children altogether do you think one caregiver should be responsible for?

58/59 ☐☐

Don't know	( ) -2

18. How much influence do you think parents should have on how your day care center is run? Do you feel they should have lots of influence, some influence, very little influence, or no influence?

Lots of influence	( )01	
Some influence	( )02	60/61 ☐☐
Very little influence	( )03	
No influence	( )04	
Don't know	( )-2	} → SKIP TO Q.19
Refused	( )-3	

(18)A. Why do you say that? RECORD VERBATIM.

62/63 ☐☐

64/65 ☐☐

Skipped	( ) -1	
Don't Know	( ) -2	66/67 ☐☐

19. What would you like the center to do for your child? PROBE. What do you hope that your child gets out of his/her experience at the center? RECORD VERBATIM.

68/69 ☐☐

70/71 ☐☐

Don't know	( ) -2	72/73 ☐☐

CARD 2/CARD 3

20. Are there any special needs that your child has that the center should be aware of?

Yes	( )	01	74/75 ☐☐
No	( )	02	} → SKIP TO Q.21
Refused	( )	-3	}

IF YES, ASK A & B:

(20)A. What are they? DO NOT READ LIST. RECORD VERBATIM AND CHECK BELOW.

CARD 3

A.	Social behaviors (such as self control, following orders, getting along with others, sharing, etc.)	( )	8/9 ☐☐
B.	Physical development (such as running and climbing, picking up and manipulating small objects)	( )	10/11 ☐☐
C.	Personal areas (such as fears, shyness, thumbsucking, bedwetting, worry about being left at the center, cleanliness, eating habits)	( )	12/13 ☐☐
D.	Academic (such as self-expression and language development, problem solving skills)	( )	14/15 ☐☐
E.	Any other special needs (SPECIFY) ____________________	( )	16/17 ☐☐
	____		18/19 ☐☐

(20)B. Have you had a chance to discuss any of this with the: (READ LIST).

	Yes 01	No 02	Refused -3	Skipped -1	
Director	( )	( )	( )	( )	20/21
Teacher	( )	( )	( )	( )	22/23

IF NO, SAY, "This interview is confidential, of course, but I'm sure that either the director or the teacher at the center would be very happy to talk over these concerns with you."

CARD 3

21. Now I'd like to ask you about how your child reacts when you and she/he arrive at the center each day.

(21)A. Would you say she/he is happy, not happy, or shows no emotion?

Happy	( )	01	
Not happy	( )	02	24/25 ☐☐
No emotion	( )	03	
Don't know	( )	-2	

(21)B. Does she/he cry once in a while, usually, or never?

Once in a while	( )	01	
Usually	( )	02	26/27 ☐☐
Never	( )	03	

(21)C. Does she/he cling to you once in a while, usually, or never?

Once in a while	( )	01	
Usually	( )	02	28/29 ☐☐
Never	( )	03	

22. Do you feel that your child likes his/her teacher at the center?

Yes	( )	01	
No	( )	02	30/31 ☐☐
Don't know	( )	-2	
Refused	( )	-3	

23. Do you like your child's teacher at the center?

Yes	( )	01	
No	( )	02	32/33 ☐☐
Don't know	( )	-2	
Refused	( )	-3	

CARD 3

24. Now I'd like to ask you about what kinds of things you do with your child? I'm going to read a list of activities -- could you tell me, for each one, whether you do that with your child or not? READ LIST.

FOR EACH ACTIVITY RESPONDENT DOES WITH CHILD, ASK A:

(24)A. How often do you NAME ACTIVITY -- daily, several times a week, once a week, or once in a while?

		Q.24			Q.24A				
		Yes 01	No 02		Daily 01	Several times A Week 02	Once A Week 03	Once In A While 04	
A.	Read books, magazines	( )	( )	34/35	( )	( )	( )	( )	36/37
B.	Watch T.V.	( )	( )	38/39	( )	( )	( )	( )	40/41
C.	Go to the playground	( )	( )	42/43	( )	( )	( )	( )	44/45
D.	Go to the ball-game	( )	( )	46/47	( )	( )	( )	( )	48/49
E.	Do housework	( )	( )	50/51	( )	( )	( )	( )	52/53
F.	Go shopping	( )	( )	54/55	( )	( )	( )	( )	56/57
G.	Play games inside	( )	( )	58/59	( )	( )	( )	( )	60/61
H.	Play games outside	( )	( )	62/63	( )	( )	( )	( )	64/65
I.	Tell stories	( )	( )	66/67	( )	( )	( )	( )	68/69
J.	Other (SPECIFY) ____________ ____________________	( )	( )	70/71	( )	( )	( )	( )	72/73

CARD 4/CARD 5

PART II: DEMOGRAPHIC DATA

We would like to ask you some questions about yourself and your family. We need this information because we need to know something about the people who use day care. If a question bothers you, you don't have to answer it.

25.

A. Please give me the ages of the people who usually live in your household? Start with the oldest, and please include yourself.	B. Code Sex		C. What is (PERSON'S) Relationship to NAME OF CHILD?	D. For any other children: PLEASE ASK: Has the child age (READ NUMBER) been in day care before or now?		E. IF YES TO Q.25D, ASK E: Was/is he/she at this day care center?	
	M 1	F 2		YES 01	NO 02	YES 01	NO 02
8/9	( )	10 ( )	11/12	( )	13/14 ( )	( )	15/16 ( )
17/18	( )	19 ( )	20/21	( )	22/23 ( )	( )	24/25 ( )
26/27	( )	28 ( )	29/30	( )	31/32 ( )	( )	33/34 ( )
35/36	( )	37 ( )	38/39	( )	40/41 ( )	( )	42/43 ( )
44/45	( )	46 ( )	47/48	( )	49/50 ( )	( )	51/52 ( )
53/54	( )	55 ( )	56/57	( )	58/59 ( )	( )	60/61 ( )
62/63	( )	64 ( )	65/66	( )	67/68 ( )	( )	69/70 ( )
71/72	( )	73 ( )	74/75	( )	8/9 ( )	( )	10/11 ( )
12/13	( )	14 ( )	15/16	( )	17/18 ( )	( )	19/20 ( )
21/22	( )	23 ( )	24/25	( )	26/27 ( )	( )	28/29 ( )

No. of Adult Males	30/31	No. of Adult Females	32/33
No. of Teenage Males	34/35	No. of Teenage Females	36/37
No. of Child Males	38/39	No. of Child Females	40/41

CARD 5

26. What is the highest grade in elementary school or high school that you finished and got credit for?

42/43 ☐☐ Grade Number

No formal schooling	( ) 00
Don't know	( ) -2
Refused	( ) -3

IF 12 YEARS, ASK A:

(26)A. Did you attend college?

44/45 ☐☐

Yes	( ) 01	
No	( ) 02	} → SKIP TO Q.27
Skipped	( ) -1	

IF YES, ASK 1.

(26)A1. How many years of college did you finish and get credit for?

46/47 ☐☐ Number

Skipped	( ) -1
Don't Know	( ) -2
Refused	( ) -3

IF 4 YEARS, ASK 2:

(26)A2. Did you attend any graduate schools?

48/49 ☐☐

Yes	( ) 01	
No	( ) 02	
Skipped	( ) -1	} → SKIP TO Q.27
Don't know	( ) -2	
Refused	( ) -3	

(26)A3. How many years of graduate school did you finish?

50/51 ☐☐ Years

Skipped	( ) -1
Don't know	( ) -2
Refused	( ) -3

CARD 5

27. Have you had any additional special training, such as: (READ LIST AND CHECK ALL THAT APPLY)

		FOR EACH TRAINING CHECKED, ASK: What type of training was that?
Business	( ) 52/53	______________________
Technical	( ) 54/55	______________________
Apprentice	( ) 56/57	______________________
Other (SPECIFY) ____________ ______________________	( ) 58/59	______________________

28. We would like to ask you some questions about your current job. Are you in school or training?

Yes	( ) 01		60/61
No	( ) 02	→ SKIP TO Q.30	☐☐

29. Is that full-time or part-time?

Full-time	( ) 01	
Part-time	( ) 02	62/63
Skipped	( ) -1	☐☐

30. Are you working?

Yes	( ) 01		64/65
No	( ) 02	→ SKIP TO Q.32	☐☐

31. Do you work full-time or part-time?

Full-time	( ) 01	
Part-time	( ) 02	66/67
Skipped	( ) -1	☐☐

32. Are you looking for work?

Yes	( ) 01		68/69
No	( ) 02	→ SKIP TO Q.34	☐☐

CARD 5/CARD 6

33. Are you looking for full-time work or part-time work, less than 30 hours?

Full-time	( ) 01	70/71 ☐☐
Part-time	( ) 02	

NOW CHECK BACK TO Q.30. IF RESPONDENT IS NOT WORKING, SKIP TO Q.35.

34. What is your current occupation?

____

____

____

72/73 ☐☐ Code

IF WORKING, ASK A & B:

(34)A. What type of firm or organization do you work for?

____

____

____

Skipped	( ) -1	74/75 ☐☐
Refused	( ) -2	

CARD 6

(34)B. How long have you been working with this employer, in years and months?

8/9 ☐☐ Years 10/11 ☐☐ Months

Skipped	( ) -1
Don't know	( ) -2
Refused	( ) -3

CARD 6

35. What kind of work are you trained to do?

Don't know	( ) -2	12/13 ☐☐ 14/15 ☐☐
Refused	( ) -3	Work Codes

36. What kind of work have you had the most experience doing? This may or may not be the same as your current job.

CHECK BACK TO Q.25. IF CHILD'S FATHER/MOTHER NOT LISTED, GO ON TO PART III, P.28.

16/17 ☐☐

Now, I'd like to ask about your child's father's/mother's education and training.

37. What is the highest grade in elementary school or high school that he/she finished and got credit for?

18/19 ☐☐ Grade Number

No formal schooling	( ) 00
Don't know	( ) -2
Refused	( ) -3

IF 12 YEARS, ASK A:

(37)A. Did he/she attend college?

Yes	( ) 01	
No	( ) 02	} → SKIP TO Q.38
Skipped	( ) -1	} → SKIP TO Q.38

20/21 ☐☐

CARD 6

(37)A1. How many years of college did he/she finish and get credit for?

22/23
☐☐ Number

Skipped	( )	-1
Don't know	( )	-2
Refused	( )	-3

IF 4 YEARS, ASK 2:

(37)A2. Did he/she attend any graduate schools?

Yes	( )	01	
No	( )	02	→ SKIP TO Q.38
Skipped	( )	-1	→ SKIP TO Q.38
Don't know	( )	-2	→ SKIP TO Q.38
Refused	( )	-3	→ SKIP TO Q.38

24/25
☐☐

(37)A3. How many years of graduate school did he/she finish?

26/27
☐☐ Years

Skipped	( )	-1
Don't know	( )	-2
Refused	( )	-3

38. Has he/she had any additional special training, such as: (READ LIST AND CHECK ALL THAT APPLY)

		FOR EACH TRAINING CHECKED, ASK: What types of training was that?
Business	( ) 28/29	________________
Technical	( ) 30/31	________________
Apprentice	( ) 32/33	________________
Other (SPECIFY) ____________ ________________	( ) 34/35	________________

CARD 6

39. We would like to ask some questions about his/her current job. Is he/she in school or training?

Yes	( )	01	
No	( )	02	→ SKIP TO Q.41
Skipped	( )	-1	
Don't know	( )	-2	36/37 ☐☐
Refused	( )	-3	

40. Is that full-time or part-time?

Full-time	( )	01	
Part-time	( )	02	
Skipped	( )	-1	
Don't know	( )	-2	38/39 ☐☐
Refused	( )	-3	

41. Is he/she working?

Yes	( )	01	
No	( )	02	→ SKIP TO Q.43
Skipped	( )	-1	
Don't know	( )	-2	40/41 ☐☐
Refused	( )	-3	

42. Does he/she work full-time or part-time?

Full-time	( )	01	
Part-time	( )	02	
Skipped	( )	-1	
Don't know	( )	-2	42/43 ☐☐
Refused	( )	-3	

43. Is he/she looking for work?

Yes	( )	01	
No	( )	02	→ SKIP TO Q.45
Skipped	( )	-1	
Don't know	( )	-2	44/45 ☐☐
Refused	( )	-3	

44. Is he/she looking for full-time work or part-time work, less than 30 hours?

Full-time	( )	01	46/47 ☐☐
Part-time	( )	02	

CHECK BACK TO Q. 41. IF FATHER/MOTHER IS NOT WORKING, SKIP TO Q.47

45. What is his/her current occupation?

48/49 ☐☐ Code

____

____

____

CARD 6

IF WORKING, ASK A & B:

(45)A. What type of firm or organization does he/she work for?

____

____

____

Skipped ( ) -1

Refused ( ) -2

50/51 ☐☐

(45)B. How long has he/she been working with this employer, in years and months?

52/53 ☐☐ Years 54/55 ☐☐ Months

Skipped ( ) -1

Don't know ( ) -2

Refused ( ) -3

46. What kind of work is he/she trained to do?

____

____

____

Don't know ( ) -2

Refused ( ) -3

56/57 ☐☐ 58/59 ☐☐

Work codes

47. What kind of work has he/she had the most experience doing? This may or may not be the same as his/her current job.

60/61 ☐☐

____

____

____

CARD 6/CARD 7

PART III: CHILDREN ENROLLED IN THIS CENTER

Now we would like to ask you some questions about the child(ren) you have enrolled in this center.

48. What is your child's birth date?

Month	Day		Year
☐☐	☐☐	19	☐☐
62/63	64/65		66/67

49. On what date did you first enroll NAME OF CHILD in this center?

Month	Day		Year
☐☐	☐☐	19	☐☐
68/69	70/71		72/73

Don't remember ( ) -2

50. Has your child ever been out of day care for a while and then re-enrolled?

Yes	( ) 01		
No	( ) 02	} → SKIP TO Q.51	74/75
Don't remember	( ) -2		☐☐

IF YES, ASK A & B:

CARD 7

(50)A. What was the date of termination?

Month	Day		Year
☐☐	☐☐	19	☐☐
8/9	10/11		12/13

Skipped ( ) -1

Don't know ( ) -2

(50)B. What was the date that your child went back?

Month	Day		Year
☐☐	☐☐	19	☐☐
14/15	16/17		18/19

Skipped ( ) -1

Don't know ( ) -2

CARD 7

51. What is the name of your child's teacher?

____

Knows name ( ) 01

Doesn't know name ( ) 02

20/21 ☐☐

52. Will you tell me what time NAME OF CHILD arrives and leaves the center for each day of the week? RECORD IN NAUTICAL TIME.

	Arrives			Leaves		
Monday	22/23 ☐☐	:	24/25 ☐☐	26/27 ☐☐	:	28/29 ☐☐
Tuesday	30/31 ☐☐	:	32/33 ☐☐	34/35 ☐☐	:	36/37 ☐☐
Wednesday	38/39 ☐☐	:	40/41 ☐☐	42/43 ☐☐	:	44/45 ☐☐
Thursday	46/47 ☐☐	:	48/49 ☐☐	50/51 ☐☐	:	52/53 ☐☐
Friday	54/55 ☐☐	:	56/57 ☐☐	58/59 ☐☐	:	60/61 ☐☐
Everyday (Mon-Fri)	22/23 ☐☐	:	24/25 ☐☐	25/26 ☐☐	:	27/28 ☐☐

(code in same columns as "Monday")

IF RESPONDENT ONLY HAS ONE CHILD
AT CENTER, GO ON TO PART IV, P. 34.

CARD 7/CARD 8

Now we would like to ask you some questions about the other child(ren) you have enrolled in this center.

53. What is your child's birth date?

Month	Day		Year
☐☐	☐☐	19	☐☐
62/63	64/65		66/67

54. On what date did you first enroll NAME OF CHILD in this center?

Month	Day		Year
☐☐	☐☐	19	☐☐
68/69	70/71		72/73

Don't know ( ) -2

55. Has your child ever been out of day care for a while and then re-enrolled?

			74/75
Yes	( ) 01		
No	( ) 02	} → SKIP TO Q.56	☐☐
Don't remember	( ) -2		

IF YES, ASK A & B:

CARD 8

(55)A. What was the date of termination?

Month	Day		Year
☐☐	☐☐	19	☐☐
8/9	10/11		12/13

Skipped ( ) -1

Don't know ( ) -2

(55)B. What was the date that your child went back?

Month	Day		Year
☐☐	☐☐	19	☐☐
14/15	16/17		18/19

( )

Skipped ( ) -1

Don't know ( ) -2

CARD 8

56. What is the name of your child's teacher?

Knows name ( ) 01
Doesn't know name ( ) 02

20/21 ☐☐

57. Will you tell me what time NAME OF CHILD arrives and leaves the center for each day of the week? RECORD IN NAUTICAL TIME.

	Arrives		**Leaves**	
Monday	22/23 ☐☐ :	24/25 ☐☐	26/27 ☐☐ :	28/29 ☐☐
Tuesday	30/31 ☐☐ :	32/33 ☐☐	34/35 ☐☐ :	36/37 ☐☐
Wednesday	38/39 ☐☐ :	40/41 ☐☐	42/43 ☐☐ :	44/45 ☐☐
Thursday	46/47 ☐☐ :	48/49 ☐☐	50/51 ☐☐ :	52/53 ☐☐
Friday	54/55 ☐☐ :	56/57 ☐☐	58/59 ☐☐ :	60/61 ☐☐
Everyday (Mon-Fri)	22/23 ☐☐ :	24/25 ☐☐	26/27 ☐☐ :	28/29 ☐☐

(code in same columns as "Monday")

IF RESPONDENT ONLY HAS ONE CHILD AT CENTER, GO ON TO PART IV, P. 34.

CARD 8/CARD 9

Now we would like to ask you some questions about the other child you have enrolled in this center.

58. What is your child's birth date?

Month	Day		Year
☐☐	☐☐	19	☐☐
62/63	64/65		66/67

59. On what date did you first enroll NAME OF CHILD in this center?

Month	Day		Year
☐☐	☐☐	19	☐☐
68/69	70/71		72/73

Don't remember ( ) -2

60. Has your child ever been out of day care for a while and then re-enrolled?

Yes ( ) 01
No ( ) 02
Don't remember ( ) -2

} → SKIP TO Q.61

74/75 ☐☐

CARD 9

IF YES, ASK A & B:

(60)A. What was the date of termination?

Month	Day		Year
☐☐	☐☐	19	☐☐
8/9	10/11		12/13

Skipped ( ) -1
Don't know ( ) -2

(60)B. What was the date that your child went back?

Month	Day		Year
☐☐	☐☐	19	☐☐
14/15	16/17		18/19

Skipped ( ) -1
Don't know ( ) -2

CARD 9

61. What is the name of your child's teacher?

____

Knows name	( ) 01	20/21 ☐☐
Doesn't know name	( ) 02	

62. Will you tell me what time NAME OF CHILD arrives and leaves the center for each day of the week? RECORD IN NAUTICAL TIME.

	Arrives		Leaves	
Monday	22/23 ☐☐ :	24/25 ☐☐	26/27 ☐☐ :	28/29 ☐☐
Tuesday	30/31 ☐☐ :	32/33 ☐☐	34/35 ☐☐ :	36/37 ☐☐
Wednesday	38/39 ☐☐ :	40/41 ☐☐	42/43 ☐☐ :	44/45 ☐☐
Thursday	46/47 ☐☐ :	48/49 ☐☐	50/51 ☐☐ :	52/53 ☐☐
Friday	54/55 ☐☐ :	56/57 ☐☐	58/59 ☐☐ :	60/61 ☐☐
Everyday (Mon-Fri)	22/23 ☐☐ :	24/25 ☐☐	26/27 ☐☐ :	28/29 ☐☐

(code in same columns as "Monday")

CARD 9

PART IV: HOUSING STATUS

Next, we would like some information about your housing.

63. In what kind of housing is your family living now?

62/63
☐☐

64. How many miles from the center is your home?

64/65/66
☐☐☐ Miles

Don't know ( ) -02

65. How many minutes does it take you to get from your home to the center?

67/68/69
☐☐☐ Minutes

Don't know ( ) -02

CARD 10

PART V : FAMILY INCOME

66. What were your sources of income since January, 1975? Just tell me the letter. RECORD BELOW.

HAND CARD TO RESPONDENT

IF MORE THAN ONE SOURCE, ASK A:

(66)A. What is your primary source of income? CHECK ONLY ONE RESPONSE.

CHECK ALL THAT APPLY

		Q.66		Q.66A
A.	Employment	( )	8	( )01
B.	Unemployment Compensation	( )	9	( )02
C.	AFDC	( )	10	( )03
D.	Public Assistance	( )	11	( )04
E.	WIN	( )	12	( )05
F.	Social Security	( )	13	( )06
G.	Workman's Compensation	( )	14	( )07
H.	Veteran's Pension	( )	15	( )08
I.	Military Salary	( )	16	( )09
J.	Railroad Pension	( )	17	( )10
K.	Alimony of Child Support	( )	18	( )11
L.	S.S.I., Supplemental Security Income, which used to be called Old Age Assistance, Aid to the Blind, and Aid to the Disabled	( )	19	( )12
M.	Other (SPECIFY) ______________________	( )	20	( )13
N.	Refused	( )	-3	( )-3
O.	Don't know	( )	-2	( )-2
P.	Skipped	( )	-1	( )-1

Q.66A
23/24 ☐☐

21/22 ☐☐

TAKE CARD BACK FROM RESPONDENT

CARD 10

67. What is the total household income altogether for all of this year, 1975, before taxes?

HAND CARD TO RESPONDENT

CHECK ONLY ONE RESPONSE

A.	$3,000 or less	( )	01
B.	$3,000 - $6,000	( )	02
C.	$6,000 - $9,000	( )	03
D.	$9,001 - $12,000	( )	04
E.	$12,001 - $15,000	( )	05
F.	$15,001 - $18,000	( )	06
G.	$18,001 and over	( )	07
H.	Refused	( )	-3

25/26 ☐☐

TAKE CARD BACK FROM RESPONDENT

CARD 10

PART VI : FEDERAL PROGRAMS

68. Are any family members currently participating in any of these federally sponsored programs? CHECK ALL THAT APPLY.

HAND CARD TO RESPONDENT

A.	Summer Head Start	( )	27
B.	Full Year Head Start	( )	28
C.	Other Pre-School Program	( )	29
D.	Neighborhood Youth Corps (NYC)	( )	30
E.	Job Corps	( )	31
F.	Upward Bound	( )	32
G.	Public Housing Projects	( )	33
H.	Medicaid	( )	34
I.	Welfare (AFDC)	( )	35
J.	Food Stamps	( )	36
K.	Federal Surplus Commodities	( )	37
L.	Work Incentives Program (WIN)	( )	38
M.	Concentrated Employment Program (CEP)	( )	39
N.	Followthrough	( )	40
O.	High School Equiv. Program (HEP)	( )	41
P.	Other (SPECIFY) ____________________ ____________________	( )	42
Q.	None of the above	( )	43

Well, that's all the questions I wanted to ask you. Thank you very much for cooperating on this interview.

BEFORE LEAVING, CHECK OVER THE QUESTIONNAIRE TO MAKE SURE THAT YOU HAVE NOT MISSED ANY QUESTIONS.

TO BE COMPLETED BY CENTER. DO NOT ASK PARENT.

What is the family's total weekly payment to the center for each child enrolled?

44/45/46	47/48	49/50/51	52/53	54/55/56	57/58
$ ☐☐☐	. ☐☐	$ ☐☐☐	. ☐☐	$ ☐☐☐	. ☐☐

PARENT MEASURES POSTTEST

Abt Associates Inc.
55 Wheeler Street
Cambridge, MA.
02138

OMB NO. 85R0279
Approval Expires 6/76

August 12, 1975

NATIONAL DAY CARE STUDY

PARENT INTERVIEW

POSTTEST A

PLEASE PRINT CAREFULLY

Name of Child ______________________
Last First Middle

Child ID ☐☐☐☐☐☐☐☐☐☐

Name of Parent/Respondent ______________________
Last First Middle

Current Address ______________________
Number Street Apt. No.

____
City/Town State Zip Code

Home Telephone # ______________________

Name of Center ______________________

Center ID ☐☐☐☐☐☐

Date of Interview ☐☐ ☐☐ 197☐

Interviewer Name ______________________

Final Status

Complete ( )
Refused ( )
Incomplete ( )
Items Missing ( )
____
____
No Contact ( )
Language Barrier ( )

CALL RECORD

#	DATE	TYPE		INTERVIEWER ID NUMBER	NO ANSWER	RESP. NOT HOME/NOT AVAILABLE	RESP. REFUSED	RESP. COMP. INTERVIEW
		PHONE	LETTER					
1								
2								
3								
4								

HEW APPROVAL DATE

INTERVIEWER ID #

Hello. My name is ______________. I work for Abt Associates n Cambridge, Massachusetts. Abt is assisting the Office of Child Development with their National Day Care Study. Did you receive our letter about he study? IF YES, SKIP TO BOTTOM OF PAGE.

IF NO:

May I tell you a little about the study?

We are helping the U.S. Department of Health, Education and Welfare ffice of Child Development to gather information about day care centers nd their usefulness to many kinds of parents. As more and more mothers need day care the demand for day care has increased but no one knows much bout how day care affects children and their parents. To make sensible ecisions about what kinds of day care centers best meet the needs of parents and children, good information is needed. The National Day Care tudy will try to provide some of that information.

We will look at 64 day care centers in three major cities across the country. The center in which your child is enrolled has been selected o take part in the Study. During the first year, we will study the centers s they are at present. During the second year, we will provide funds to improve some centers to see if this changes what happens to children in ay care. We will also examine the costs of different kinds of day care enters.

The design part of the Study began in July, 1974. Actual study f the centers began this summer and continues through June, 1977. Interiews with center staff and parents will help us to gather information about children and their day care centers. Interviews with parents will provide nformation about their need for and satisfaction with day care and the extent to o which they are involved with their day care centers. In addition, we will observe your child's growth in the kind of skills and abilities that children of this age acquire in day care.

Interviewers, who will be hired from your area and given special training, will talk to parents like yourselves about day care in the fall and again in the spring. We will make sure that this is done at a time that is convenient for you. The interview will last about an hour. All information given by parents or center staff is confidential and will not be reported in a way that identifies individuals. Your participation in this study is voluntary. Whether or not you participate or how you answer any question, should you desire to participate, will not in any way affect your right to send your child here or to any other day care center, or affect your eligibility for present or future federal programs or benefits.

We hope that you will be willing to help us in this effort and allow your child to participate in the study. If you have any questions about the study, please let your center director know. We look forward to working with you, your children and the staff of your center. GO TO NEXT PAGE.

IF YES:

Do you have any questions about the study? IF YES, DEAL WITH QUESTIONS FIRST.

IF NO:

Would you be willing to have your child participate in the study and would you yourself be willing to answer some questions about your family and your feelings about day care?

YES ☐ ASK RESPONDENT TO CHECK BOX BELOW AND SIGN NAME.

NO ☐ CLOSE INTERVIEW AND THANK RESPONDENT.

HAND PARENT A COPY OF THE CONFIDENTIALITY STATEMENT.

READ STATEMENT ALOUD TO PARENT.

Confidentiality Statement

Your participation in this study is entirely voluntary. Whether or not you participate or how you answer any of the questions, should you desire to participate, will not in any way affect your right to send your child here or to any other day care center, or affect your eligibility for present or future federal programs or benefits. All completed interview forms will have names and addresses removed from them at the Site Office. No member of a day care center staff or parent will have access to data on individual parents or children at any time. No information about any individual respondent will be specifically identified in any reports published by Abt Associates. All individual respondent data collected on site will be held in confidence and all data analyses will reflect either group response or anonymous individual data. All data will be turned over to the U.S. Department of HEW upon completion of the study.

☐ Yes. I am willing to be interviewed for the National Day Care Study and to allow my child(ren) to participate in the study. I understand that I may refuse to answer any questions I do not wish to answer.

☐ Yes, I understand that participation means that my child will be observed and tested twice during the year, in the fall and in the spring.

IF INTERVIEW COMPLETED, PLEASE FILL OUT:

For Interviewer This interview has been conducted according to all specifications of the Field Manual. ____________________ Signature of Interviewer __________ Date	**For Participant** I have received five dollars to reimburse expenses. ____________________ Signature of Respondent __________ Date

CARD 1

Abt Associates Inc.
55 Wheeler Street
Cambridge, Mass.
02138

O.M.B. No. 85R0279
Approval Expires 6/76

12 August 1975

National Daycare Study

Parent Interview

Center Name ______________________________

Site Name ______________________________

Child I.D. # 8/9/10/11/12/13/14/15/16/17 ☐☐☐☐☐☐☐☐☐☐

Permanent I.D. # 1/2/3/4/5/6/7 ☐☐☐☐☐☐☐

Final Status

Complete ( )
Refused ( )
Incomplete ( )
Items Missing ( )
____
____
No Contact ( )
Language Barrier ( )

18/19 ☐☐

Date of Interview ☐☐ ☐☐ 197☐

Interviewer Name ______________________

CALL RECORD

#	DATE	TYPE		INTERVIEWER ID NUMBER	NO ANSWER	RESP. NOT HOME/NOT AVAILABLE	RESP. REFUSED	RESP. COMP. INTERVIEW
		PHONE	LETTER					
1								
2								
3								
4								

HEW APPROVAL DATE

INTERVIEWER ID #

CARD 1

1. First, not counting the times you brought NAME OF CHILD to and from the center, about how many times have you visited it since your child has been enrolled?

20 / 21
☐☐ Times

None ( )
Don't know ( )-2
}→SKIP TO Q.3

2. What kinds of things do you mostly do when you visit the center? PROBE. What other kinds of things do you do when you visit the center? DO NOT READ LIST. DO NOT CHECK MORE THAN FIVE RESPONSES.

A. Talk to teacher about my child ( )01
B. Talk to director about my child ( )02
C. Talk to social service personnel ( )03
D. Talk to health personnel ( )04
E. Attend parent educational meetings ( )05
F. Work as volunteer in classroom/accompany class on field trips ( )06
G. Work as paid aide in classroom ( )07
H. Sit in on teacher workshops and training sessions ( )08
I. Help with kitchen, food preparation, with cleanups, laundry, etc. ( )09
J. Structural help: carpentry, painting, etc. ( )10
K. Help to hire day care staff, buy equipment, other decision making ( )11
L. Help in choosing materials ( )12
M. Help in planning meals ( )13
N. Help in choosing program activities and trips ( )14
O. Social activities ( )15
P. Other (SPECIFY) ____________________ ( )16

____

22/23
1 ☐☐
24/25
2 ☐☐
26/27
3 ☐☐
28/29
4 ☐☐
30/31
5 ☐☐

CARD 1

3. If you had more time to visit the center, what things would you like to do? DO NOT READ LIST. DO NOT CHECK MORE THAN FIVE RESPONSES.

A.	Talk to teacher about my child	( )01
B.	Talk to director about my child	( )02
C.	Talk to social service personnel	( )03
D.	Talk to health personnel	( )04
E.	Attend parent educational meetings	( )05
F.	Work as volunteer in classroom/accompany class on field trips	( )06
G.	Work as paid aide in classroom	( )07
H.	Sit in on teacher workshops and training sessions	( )08
I.	Help with kitchen, food preparation, with cleanups, laundry, etc.	( )09
J.	Structural help: carpentry, painting, etc.	( )10
K.	Help to hire day care staff, buy equipment, other decision making	( )11
L.	Social activities	( )12
M.	Help with choosing materials	( )13
N.	Help with planning meals	( )14
O.	Help with choosing program activities	( )15
P.	Other (SPECIFY) ____________________ ____________________	( )16
Q.	Do not want to visit	( )17

32/33 1 ☐☐

34/35 2 ☐☐

36/37 3 ☐☐

38/39 4 ☐☐

40/41 5 ☐☐

4. How involved do you think parents should be in the running of this center? Do you feel they should be more involved, less involved, or stay about the same?

More involved	( ) 01	
Less involved	( ) 02	
Stay about the same	( ) 03	→SKIP TO Q.5
Don't know	( ) -2	
Refused	( ) -3	

42/43 ☐☐

CARD 1

IF RESPONDENT SAID MORE INVOLVED, ASK A:

(4)A. In what areas do you feel parents ought to be more involved? DO NOT READ LIST. CHECK ALL THAT APPLY.

Hiring the director	( )	44/45
Hiring the staff	( )	46/47
Selecting materials	( )	48/49
Creating programmed activities/ field trips	( )	50/51
Working in Center part-time	( )	52/53
Other (specify) ________________ ________________	( )	54/55
Don't know	( )	56/57
Skipped	( )	58/59

5. Now I want to ask you about what you may have learned about your child or things to do with your child from your experience with the center. Have you learned about . . . . . . (READ LIST, CHECK ALL THAT APPLY).

A.	Ideas about books and reading	( )	60/61
B.	Ideas for games with children	( )	62/63
C.	Ideas and know-how to make home-made toys	( )	64/65
D.	Ideas on how to handle discipline problems (i.e., avoiding confrontations, using distraction techniques, etc.)	( )	66/67
E.	Ideas about needs different children have and how different children learn	( )	68/69
F.	Any others? (SPECIFY) ________________ ________________	( )	70/71
G.	None of the above	( )	72/73
H.	Don't know	( )	74/75

SKIP to Q.6

CARD 2

IF PARENT LEARNED FROM EXPERIENCE WITH CENTER, ASK A:

(5)A. Did you find out about those things by: (READ LIST).

		01 Yes	02 No	
A.	Visits to the center to watch or work	( )	( )	8/9
B.	Meetings with specialists in classes or groups or lectures	( )	( )	10/11
C.	Talking to (your child's) teacher	( )	( )	12/13
D.	Talking to the center director	( )	( )	14/15
E.	Talking to other mothers whose children go to the center	( )	( )	16/17
F.	Talking to and watching your child at home	( )	( )	18/19
G.	Skipped	( )	( )	20/21

6. I'm going to read a list of problems which you may or may not have in your life. For each one I read, could you tell me whether or not the day care center has made a difference in your dealing with the problem? RECORD BELOW.

FOR EACH "YES", ASK A:

(6)A. In what way has the center made a difference?

			Q.6				
			Yes 01	No 02	Don't Have Problem 03	Q.6A	
A.	Medical problems	22/23 ☐☐	( )	( )	( )	______________ ______________	24/25 ☐☐
B.	Money problems	26/27 ☐☐	( )	( )	( )	______________ ______________	28/29 ☐☐
C.	Legal problems	30/31 ☐☐	( )	( )	( )	______________ ______________	32/33 ☐☐
D.	Job problems	34/35 ☐☐	( )	( )	( )	______________ ______________	36/37 ☐☐
E.	Any other problems	38/39 ☐☐	( )	( )	( )	______________ ______________	40/41 ☐☐

CARD 2

. Has the day care center helped you to get more schooling or more training?

Yes	( ) 01	42/43 ☐☐
No	( ) 02	
Don't know	( ) -2	

CARD 2

8. Has the day care center helped you to get a job?

Yes	( ) 01	44/45 ☐☐
No	( ) 02	
Don't know	( ) -2	

9. There are many aspects of a day care program with which parents might be either more or less satisfied. I would like to read some of these aspects to you. For each one I read to you, I would like you to tell me how satisfied you have been with that particular aspect. I would like you to tell me if you have been very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied. (READ LIST).

	Very Satisfied 01	Somewhat Satisfied 02	Neither Satisfied nor Dis-satisfied 03	Somewhat Dis-satisfied 04	Very Dis-satisfied 05	
A. The total amount of money you have to pay	( )	( )	( )	( )	( )	46/47 ☐☐
B. The arrangements you have for making your payments	( )	( )	( )	( )	( )	48/49 ☐☐
C. The number of hours that the center is open	( )	( )	( )	( )	( )	50/51 ☐☐
D. The time of day that the center opens and the time it closes	( )	( )	( )	( )	( )	52/53 ☐☐
E. Getting from your home to the center	( )	( )	( )	( )	( )	54/55 ☐☐
F. Getting from the center to your place of work	( )	( )	( )	( )	( )	56/57 ☐☐
G. The safety of the streets around the center	( )	( )	( )	( )	( )	58/59 ☐☐
H. The cleanliness of the center	( )	( )	( )	( )	( )	60/61 ☐☐
I. Arrangements for taking care of sick children	( )	( )	( )	( )	( )	62/63 ☐☐
J. Meals at center	( )	( )	( )	( )	( )	64/65 ☐☐
K. Arrangements for rest and nap times	( )	( )	( )	( )	( )	66/67 ☐☐

CARD 2/3

10. Do you feel that the discipline your child receives at the center is right? Do you feel it is right for your child all of the time, some of the time, of none of the time?

All of the time	( ) 01
Some of the time	( ) 02
None of the time	( ) 03
Don't know	( ) -2

68/69 ☐☐

11. Do you feel that the staff at the center does a very good job, good job, or not so good job preparing NAME OF CHILD for grade school?

Very good	( ) 01
Good	( ) 02
Not so good	( ) 03
Don't know	( ) -2

70/71 ☐☐

12. How many more teachers do you think the center needs? Do you think it needs a lot more teachers, a few more teachers, or no more teachers?

A lot more	( ) 01
A few more	( ) 02
No more	( ) 03
Don't know	( ) -2

72/73 ☐☐

13. Do you think that there are enough toys and materials in the center?

Yes	( ) 01
No	( ) 02
Don't know	( ) -2

74/75 ☐☐

14. Do you think that the center needs a lot more teachers who are trained to care for young children, a few more, or no more?

CARD 3

Lot more	( ) 01
Few more	( ) 02
No more	( ) 03
Don't know	( ) -2

8/9 ☐☐

CARD 3

15. Do you think that the amount of space at the center is very adequate, adequate, or not very adequate?

Very adequate	( ) 01	
Adequate	( ) 02	10/11 ☐☐
Not very adequate	( ) 03	
Don't know	( ) -2	

16. Do you think that the amount of individual attention the children receive at the center is too much, about right, or too little?

Too much	( ) 01	
About right	( ) 02	12/13 ☐☐
Too little	( ) 03	
Don't know	( ) -2	

17. Do you think that the children get too much supervision, enough supervision, or not enough supervision at the center?

Too much	( ) 01	
Enough	( ) 02	14/15 ☐☐
Not enough	( ) 03	
Don't know	( ) -2	

18. Do you think that the center needs a lot more experienced teachers, a few more, or no more?

Lot more	( ) 01	
Few more	( ) 02	16/17 ☐☐
No more	( ) 03	
Don't know	( ) -2	

CARD 3

19. What do you think are the things that make a good day care teacher? DO NOT READ LIST. RECORD VERBATIM. CHECK ONLY FIRST THREE RESPONSES MENTIONED.

Style

A.	Warm/loving	( ) 01
B.	Likes children	( ) 02
C.	Understands children's needs	( ) 03
D.	Patient	( ) 04
E.	Firm	( ) 05
F.	Flexible	( ) 06
G.	Enthusiastic	( ) 07
H.	Respects parents	( ) 08
I.	Respects minority culture	( ) 09

18/19 ☐☐

20/21 ☐☐

22/23 ☐☐

Technique

I.	Knows how to help children develop cognitive skills	( ) 10
J.	Knows how to help children develop social skills	( ) 11
K.	Knows how to handle emotional crises	( ) 12
L.	Manages classroom well	( ) 13
M.	Can make toys	( ) 14
N.	Knows a lot of games	( ) 15

Personal Traits

O.	Young	( ) 16
P.	Older	( ) 17
Q.	Sex	( ) 18
R.	Experienced in day care	( ) 19
S.	College-trained	( ) 20
T.	Same race as me	( ) 21
U.	Other (SPECIFY) ______________________	( ) 22
V.	Don't know	( ) -2

CARD 3

Let's talk about NAME OF CHILD now.

20. Has the day care made a difference in your child? PROBE. Have you noticed changes in him/her?

Yes	( ) 01		24/25 ☐☐
No	( ) 02	} → SKIP TO Q.21	
Don't know	( ) -2		

IF YES, ASK A:

(20)A. In what ways has he/she changed? DO NOT READ LIST. RECORD VERBATIM AND CHECK ALL THAT APPLY BELOW.

FOR EACH CHANGE MENTIONED, ASK 1:

(20)A1. Do you feel that his/her READ TYPE OF CHANGE IN Q.20A has gotten better or worse?

	Q.20A	Q.20A.1		
		Better 01	Worse 02	Don't know -2
A. Social behaviors (i.e., self-control, following orders, getting along with others, sharing, etc.)	( ) 26/27 ☐☐	( )	( )	( ) 28/29 ☐☐
B. Physical development (i.e., running and climbing, picking up and manipulating small objects	( ) 30/31 ☐☐	( )	( )	( ) 32/33 ☐☐
C. Personal areas (fears, shyness, thumbsucking, bed wetting, worry about being left at the center, cleanliness, eating habits	( ) 34/35 ☐☐	( )	( )	( ) 36/37 ☐☐
D. Academic (self expression and language development, problem solving skills)	( ) 38/39 ☐☐	( )	( )	( ) 40/41 ☐☐
E. Other (SPECIFY) ______________ ______________________	( ) 42/43 ☐☐	( )	( )	( ) 44/45 ☐☐

CARD 3

21. Does your child bring home from the center any ways of behaving, ideas, speech, or other habits, which you wish he/she didn't?

Yes	( ) 01		46/47 ☐☐
No	( ) 02	} → SKIP TO Q.22	
Don't know	( ) -2		

IF YES, ASK A:

(21)A. What do you do when that happens? RECORD VERBATIM.

Nothing	( ) 01	48/49 ☐☐
Don't know	( ) -2	
Skipped	( ) -1	

22. Has your child had any accidents or injuries while he/she has been at the center?

Yes	( ) 01		50/51 ☐☐
No	( ) 02	} → SKIP TO Q.23	
Don't know	( ) -2		

IF YES, ASK A:

(22)A. Can you tell me how many?

52/53 ☐☐

Don't know ( )

23. Has your child had any illnesses while he/she has been at the center? PROBE. Any serious illnesses?

Yes	( ) 01	54/55 ☐☐
No	( ) 02	
Don't know	( ) -2	

CARD 3/4

24. Now I'd like to ask you about what kinds of things you do with your child? I'm going to read a list of activities -- could you tell me, for each one, whether you do that with your child or not? READ LIST.

FOR EACH ACTIVITY RESPONDENT DOES WITH CHILD, ASK A:

(24)A. How often do you NAME ACTIVITY -- daily, several times a week, once a week, or once in a while?

			Q.24		Q.24A.				
			Yes 01	No 02	Daily 01	Several times A Week 02	Once A Week 03	Once In A While 04	
A.	Read books, magazines	56/57	( )	( )	( )	( )	( )	( )	58/59
B.	Watch T.V.	60/61	( )	( )	( )	( )	( )	( )	62/63
C.	Go to the playground	64/65	( )	( )	( )	( )	( )	( )	66/67
D.	Go the ball-game	68/69	( )	( )	( )	( )	( )	( )	70/71
E.	Do housework	72/73	( )	( )	( )	( )	( )	( )	74/75
F.	Go shopping	8/9	( )	( )	( )	( )	( )	( )	10/11
G.	Play games inside	12/13	( )	( )	( )	( )	( )	( )	14/15
H.	Play games outside	16/17	( )	( )	( )	( )	( )	( )	18/19
I.	Tell stories	20/21	( )	( )	( )	( )	( )	( )	22/23
J.	Other (SPECIFY) ____	24/25	( )	( )	( )	( )	( )	( )	26/27
K.	Skipped	28/29	( )	( )	( )	( )	( )	( )	30/31

CARD 4

25. Now I'd like to ask you about how your child reacts when you and she/he arrive at the center each day.

(25)A. Would you say she/he is happy, not happy, or shows no emotion?

Happy	( ) 01
Not happy	( ) 02
No emotion	( ) 03
Don't know	( ) -2

32/33 ☐☐

(25)B. Does she/he cry once in a while, usually, or never?

Once in a while	( ) 01
Usually	( ) 02
Never	( ) 03

34/35 ☐☐

(25)C. Does she/he cling to you once in a while, usually, or never?

Once in a while	( ) 01
Usually	( ) 02
Never	( ) 03

36/37 ☐☐

26. Do you feel that your child likes his/her teacher at the center?

Yes	( ) 01
No	( ) 02
Don't know	( ) -2
Refused	( ) -3

38/39 ☐☐

CARD 4

27. Do you like your child's teacher at the center?

Yes	( ) 01	
No	( ) 02	40/41 ☐☐
Don't know	( ) -2	
Refused	( ) -3	

28. You have talked earlier about your satisfaction or dissatisfaction with some things in this center. Now, I would like to ask you how, if you could, you would change things. I'm going to read a list of things in the program here, and for each one, would you please tell me whether or not you would change it? READ LIST.

		Yes 01	No 02	Don't know -2	
1.	Reduce cost	( )	( )	( )	42/43
2.	Improve transportation arrangements	( )	( )	( )	44/45
3.	Improve discipline	( )	( )	( )	46/47
4.	Improve supervision of children	( )	( )	( )	48/49
5.	Increase grade school preparation work	( )	( )	( )	50/51
6.	Decrease grade school preparation work	( )	( )	( )	52/53
7.	More community people serving as Teachers/ aides	( )	( )	( )	54/55
8.	Better trained teachers	( )	( )	( )	56/57
9.	More social/medical services for parents (personal, occupational, parent education services)	( )	( )	( )	58/59
10.	Cleaner/safer facilities in center	( )	( )	( )	60/61
11.	More attention (including professional) paid to the special problems of my child	( )	( )	( )	62/63
12.	Better (amount/quality) food (meals or snacks)	( )	( )	( )	64/65
13.	Improve the educational activities	( )	( )	( )	66/67
14.	Better arrangements for sick children	( )	( )	( )	68/69
15.	Different nap/rest arrangements	( )	( )	( )	70/71
16.	Increase parent participation in Center decisions (including hiring director)	( )	( )	( )	72/73

CARD 5

29. I'm going to read a list of aspects of day care centers and nursery schools. Would you tell me whether or not you feel each item should be regulated by federal standards? READ LIST.

		Yes 01	No 02	
A.	Ensure that fire and building safety codes are met	( )	( )	8/9
B.	Prevention of the spread of disease through sanitation requirements	( )	( )	10/11
C.	Number of children per responsible adult	( )	( )	12/13
D.	Training and qualification of staff	( )	( )	14/15
E.	Food and nutrition	( )	( )	16/17
F.	Program content and activities which help the development of each child	( )	( )	18/19
G.	Space per child, and adequacy of physical surroundings and equipment	( )	( )	20/21
H.	Counseling and referral services for family and child problems	( )	( )	22/23
I.	Health and medical requirements and services	( )	( )	24/25

30. Are there any other things you like or dislike about the center that you would like to mention? RECORD VEBATIM.

CARD 5/6

PART II: DEMOGRAPHIC DATA

We would like to ask you some questions about yourself and your family. We need this information because we need to know something about the people who use day care. If a question bothers you, you don't have to answer it.

	A. Please give me the ages of the people who usually live in your household? Start with the oldest, and please include yourself.	B. Code Sex		C. What is (PERSON'S) Relationship to NAME OF CHILD?	D. For any children under age 10, PLEASE ASK: Has the child age (READ NUMBER) been in day care before or now?		E. IF YES TO Q.25D, ASK E: Was/is he/she at this day care center?	
31.		M 01	F 02		YES 01	NO 02	01 YES	NO 02
	26/27 ☐☐	28 ( )	29 ( )	30/31 ☐☐	32/33 ☐☐ ( )	( )	34/35 ☐☐ ( )	( )
	36/37 ☐☐	38 ( )	39 ( )	40/41 ☐☐	42/43 ☐☐ ( )	( )	44/45 ☐☐ ( )	( )
	46/47 ☐☐	48 ( )	49 ( )	50/51 ☐☐	52/53 ☐☐ ( )	( )	54/55 ☐☐ ( )	( )
	56/57 ☐☐	58 ( )	59 ( )	60/61 ☐☐	62/63 ☐☐ ( )	( )	64/65 ☐☐ ( )	( )
	66/67 ☐☐	68 ( )	69 ( )	70/71 ☐☐	72/73 ☐☐ ( )	( )	74/75 ☐☐ ( )	( )
	8/9 ☐☐	10 ( )	11 ( )	12/13 ☐☐	14/15 ☐☐ ( )	( )	16/17 ☐☐ ( )	( )
	18/19 ☐☐	20 ( )	21 ( )	22/23 ☐☐	24/25 ☐☐ ( )	( )	26/27 ☐☐ ( )	( )
	28/29 ☐☐	30 ( )	31 ( )	32/33 ☐☐	34/35 ☐☐ ( )	( )	36/37 ☐☐ ( )	( )
	38/39 ☐☐	40 ( )	41 ( )	42/43 ☐☐	44/45 ☐☐ ( )	( )	46/47 ☐☐ ( )	( )
	48/49 ☐☐	50 ( )	51 ( )	52/53 ☐☐	54/55 ☐☐ ( )	( )	56/57 ☐☐ ( )	( )

No. of Adult Males	58/59 ☐☐	No. of Adult Females	60/61 ☐☐
No. of Teenage Males	62/63 ☐☐	No. of Teenage Females	64/65 ☐☐
No. of Child Males	66/67 ☐☐	No. of Child Females	68/69 ☐☐

CARD 6/7

32. What is the highest grade in elementary school or high school that you finished and got credit for?

70/71
☐☐ Grade Number

No formal schooling	( )-1
Don't know	( )-2
Refused	( )-3

IF 12 YEARS, ASK A:

(32)A. Did you attend college?

Yes	( ) 01		72/73
No	( ) 02	→ SKIP TO Q.33	☐☐
Skipped	( ) -1		

(32)A1. How many years of college did you finish and get credit for?

74/75
☐☐ Number

Skipped	( ) -1
Don't Know	( ) -2
Refused	( ) -3

IF 4 YEARS, ASK 2:

(32)A2. Did you attend any graduate schools?

Card 7

Yes	( ) 01		8/9
No	( ) 02		☐☐
Skipped	( ) -1	→ SKIP TO Q.33	
Don't Know	( ) -2		
Refused	( ) -3		

(32)A3. How many years of graduate school did you finish?

10/11
☐☐ Years

Skipped	( ) -1
Don't Know	( ) -2
Refused	( ) -3

CARD 7

33. Have you had any additional special training, such as: (READ LIST AND CHECK ALL THAT APPLY)

		FOR EACH TRAINING CHECKED, ASK: What type of training was that?	
Business	( ) 12/13	____________________	14/15
Technical	( ) 16/17	____________________	18/19
Apprentice	( ) 20/21	____________________	22/23
Other (SPECIFY) __________ ____________________	( ) 24/25	____________________	26/27

34. We would like to ask you some questions about your current job. Are you in school or training?

Yes	( ) 01		28/29 ☐☐
No	( ) 02	→ SKIP TO Q.36	

35. Is that full-time or part-time?

Full-time	( ) 01	
Part-time	( ) 02	30/31 ☐☐
Skipped	( ) -1	

36. Are you working?

Yes	( ) 01		32/33 ☐☐
No	( ) 02	→ SKIP TO Q.38	

37. Do you work full-time or part-time?

Full-time	( ) 01	
Part-time	( ) 02	34/35 ☐☐
Skipped	( ) -1	

38. Are you looking for work?

Yes	( ) 01		36/37 ☐☐
No	( ) 02	→ SKIP TO Q.40	

CARD 7

39. Are you looking for full-time work or part-time work, less than 30 hours?

Full-time ( ) 01
Part-time ( ) 02

38/39
☐☐

NO CHECK BACK TO Q.36 IF RESPONDENT IS NOT WORKING, SKIP TO Q.41.

40. What is your current occupation?

____
____
____

JOB CODE
40/41
☐☐

ASK A & B:

(40)A. What type of firm or organization do you work for?

____
____
____

TYPE CODE
42/43
☐☐

Skipped ( ) -1
Refused ( ) -3

(40)B. How long have you been working with this employer, in years and months?

44/45
☐☐
Years

46/47
☐☐
Months

Skipped ( )-1
Don't Know ( )-2
Refused ( )-3

CARD 7

41. What kind of work are you trained to do?

48/49 ☐☐

50/51 ☐☐

52/53 ☐☐

Don't know	( )-2
Refused	( )-3

42. What kind of work have you had the most experience doing? This may or may not be the same as your current job.

54/55 ☐☐

56/57 ☐☐

58/59 ☐☐

CHECK BACK TO Q.31. IF CHILD'S FATHER/MOTHER NOT LISTED, GO ON TO PART III, P. 28.

Now, I'd like to ask about your child's father's/mother's education and training.

43. What is the highest grade in elementary school or high school that he/she finished and go credit for?

60/61

☐☐ Grade Number

No formal schooling	( )
Don't know	( )-2
Refused	( )-3

IF 12 YEARS, ASK A:

(43)A. Did he/she attend college?

Yes	( ) 01		
No	( ) 02	} → SKIP TO Q.44	62/63 ☐☐
Skipped	( ) -1		

CARD 7/8

(43)A1. How many years of college did he/she finish and get credit for?

64/65
☐☐ Number

Skipped ( )-1
Don't Know ( )-2
Refused ( )-3

IF 4 YEARS, ASK 2:

(43)A2. Did he/she attend any graduate schools?

Yes ( )01
No ( )02
Skipped ( )-1
Don't Know ( )-2
Refused ( )-3

} → SKIP TO Q.44

66/67
☐☐

(43)A3. How many years of graduate school did he/she finish?

68/69
☐☐ Years

Skipped ( )-1
Don't Know ( )-2
Refused ( )-3

44. Has he/she had any additional special training, such as: (READ LIST AND CHECK ALL THAT APPLY)

CARD 8

			FOR EACH TRAINING CHECKED, ASK: What types of training was that?	
Business	( )	8/9	____________	10/11
Technical	( )	12/13	____________	14/15
Apprentice	( )	16/17	____________	18/19
Other (SPECIFY) ____________	( )	20/21	____________	22/23

____

CARD 8

45. We would like to ask some questions about his/her current job. Is he/she in school or training?

Yes	( ) 01		24/25
No	( ) 02 →	SKIP TO Q.47	☐☐

46. Is that full-time or part-time?

Full-time	( ) 01	26/27
Part-time	( ) 02	☐☐
Skipped	( ) -1	

47. Is he/she working?

Yes	( ) 01		28/29
No	( ) 02 →	SKIP TO Q.49	☐☐

48. Does he/she work full-time or part-time?

Full-time	( ) 01	30/31
Part-time	( ) 02	☐☐
Skipped	( ) -1	

49. Is he/she looking for work?

Yes	( ) 01		32/33
No	( ) 02 →	SKIP TO Q.51	☐☐

50. Is he/she looking for full-time work or part-time work, less than 30 hours?

Full-time	( ) 01	34/35
Part-time	( ) 02	☐☐

NOW CHECK BACK TO Q. 47. IF RESPONDENT IS NOT WORKING, SKIP TO Q.52.

51. What is his/her current occupation?

JOB CODE 36/37 ☐☐

____

____

____

CARD 8

ASK A & B:

(51)A. What type of firm or organization does he/she work for?

JOB CODE

38/39 ☐☐

____

____

____

Skipped ( ) -1
Refused ( ) -3

(51)B. How long has he/she been working with this employer, in years and months?

40/41 ☐☐ Years 42/43 ☐☐ Months

Skipped ( ) -1
Don't Know ( ) -2
Refused ( ) -3

52. What kind of work is he/she trained to do?

______________________________ 44/45 ☐☐

______________________________ 46/47 ☐☐

______________________________ 48/49 ☐☐

Don't know ( ) -2
Refused ( ) -3

53. What kind of work has he/she had the most experience doing? This may or may not be the same as his/her current job.

______________________________ 50/51 ☐☐

______________________________ 52/53 ☐☐

______________________________ 54/55 ☐☐

CARD 8/9

PART III FAMILY INCOME

54. What were your sources of income since January, 1975? Just tell me the letter. RECORD BELOW.

HAND CARD TO RESPONDENT

IF MORE THAN ONE SOURCE, ASK A:

A. What is your primary source of income? CHECK ONLY ONE RESPONSE.

CH CK AL THAT AP LY

		Q.54	Q.54A	
A.	Employment	( ) 56/57	( ) 01	
B.	Unemployment Compensation	( ) 58/59	( ) 02	
C.	AFDC	( ) 60/61	( ) 03	
D.	Public Assistance	( ) 62/63	( ) 04	
E.	WIN	( ) 64/65	( ) 05	
F.	Social Security	( ) 66/67	( ) 06	
G.	Workman's Compensation	( ) 68/69	( ) 07	
H.	Veteran's Pension	( ) 70/71	( ) 08	
I.	Military Salary	( ) 72/73	( ) 09	
J.	Railroad Pension	( ) 74/75	( ) 10	
K.	Alimony of Child Support	( ) 8/9	( ) 11	CARD 9
L.	S.S.I., Supplemental Security Income, which used to be called Old Age Assistance, Aid to the Blind, and Aid to the Disabled	( ) 10/11	( ) 12	
M.	Other (SPECIFY) ______________	( ) 12/13	( ) 13	
N.	Refused	( ) 14/15	( ) -3	
			16/17 ☐☐	

TAKE CARD BACK FROM RESPONDENT

CARD 9

55. What is the total household income altogether for all of this year, 1075, before taxes?

HAND CARD TO RESPONDENT

CHECK ONLY ONE RESPONSE

A.	$3,000 or less	( ) 01
B.	$3,000 - $6,000	( ) 02
C.	$6,000 - $9,000	( ) 03
D.	$9,001 - $12,000	( ) 04
E.	$12,001 - $15,000	( ) 05
F.	$15,001 - $18,000	( ) 06
G.	$18,001 and over	( ) 07
H.	Refused	( ) -3

18/19 ☐☐

TAKE CARD BACK FROM RESPONDENT

CARD 9

PART IV : FEDERAL PROGRAMS

56. Are any family members currently participating in any of these federally sponsored programs? CHECK ALL THAT APPLY.

HAND CARD TO RESPONDENT

A.	Summer Head Start	☐	20/21
B.	Full Year Head Start	☐	22/23
C.	Other Pre-School Program	☐	24/25
D.	Neighborhood Youth Corps (NYC)	☐	26/27
E.	Job Corps	☐	28/29
F.	Upward Bound	☐	30/31
G.	Public Housing Projects	☐	32/33
H.	Medicaid	☐	34/35
I.	Welfare (AFDC)	☐	36/37
J.	Food Stamps	☐	38/39
K.	Federal Surplus Commodities	☐	40/41
L.	Work Incentives Program (WIN)	☐	42/43
M.	Concentrated Employment Program (CEP)	☐	44/45
N.	Followthrough	☐	46/47
O.	High School Equiv. Program (HEP)	☐	48/49
P.	Other (SPECIFY) ______________________	☐	50/51
Q.	None of the above	☐	52/53

Well, that's all the questions I wanted to ask you. Thank you very much for cooperating on this interview.

BEFORE LEAVING, CHECK OVER THE QUESTIONNAIRE TO MAKE SURE THAT YOU HAVE NOT MISSED ANY QUESTIONS.

APPENDIX:

Phase I Instruments

TELEPHONE SURVEY TABLE OF CONTENTS

Page

Telephone Survey 242

3.1 Telephone Survey

During December 1974 and January 1975 25 percent of the day care center directors in 17 cities* were called in a telephone survey as part of the initial center selection process. On the basis of this survey 100 percent of the centers in six sites -- Atlanta, Chicago, Detroit, Los Angeles, New Orleans, and Seattle -- were called and asked the same survey questions. As a result of analyses of these responses, Atlanta, Detroit and Seattle were selected to participate in the study.

The survey was designed to collect basic enrollment and operational information which would help study staff in determining which cities had a sufficient day care population eligible for the study. In addition, the survey assessed center willingness to participate in the study. Results from the survey were reported in two volumes: Statistical Summary Tables for the 25% Survey and Statistical Summary Tables for the 100% Survey in Six Potential Study Sites.

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*Atlanta, Chicago, Dallas, Denver, Detroit, Houston, Jacksonville, Los Angeles, Memphis, Miami, Minneapolis, New Orleans, New York, Philadelphia, San Francisco, Seattle, and Washington D.C.

TELEPHONE SURVEY

Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA. 02138

OMB # 85-S74027
Approval Expires: 1/31/75

December 2, 1974

CARD 1

NATIONAL DAY CARE STUDY

DAY CARE CENTER DIRECTOR TELEPHONE SURVEY

PLEASE PRINT CAREFULLY

Name of Interviewer ______________________________

Interviewer ID # ______________________________ 8/9

Name and Address of Center

(ATTACH LABEL)

CALL RECORD

Attempt #	Date	RESULT OF ATTEMPT							
		No Answer	Director Away From Center	Date & Time of Requested Call-Back	Director Requested Call-Back	Date & Time of Requested Call-Back	Director Re-fused	Director Completed Interview	COMMENTS
1									
2									
3									
4									
5									

FINAL STATUS

FINAL STATUS:		10
COMPLETE	☐	1
REFUSED	☐	2
TERMINATED/INCOMPLETE	☐	3
NEVER CONTACTED	☐	4
WRONG NUMBER	☐	5
CENTER NO LONGER OPERATING	☐	6

OUTCOME:		11
CENTER PASSED SCREENING	☐	1
CENTER UNDER TWO YEARS OLD 5/31/75	☐	2
CENTER DID NOT PASS SCREENING	☐	3

Time Begun: ____________

NATIONAL DAY CARE STUDY

DIRECTOR PHONE SURVEY

INTRODUCTION

Hello, is this the ______________________ Day Care Center? My name is __________________ with Abt Associates, in Cambridge, Mass. I'm calling for the National Day Care Study.

May I speak to Mr. (Ms.) (Your Director) please?

Hello, Mr. (Ms.) ______________________, my name is ____________ with Abt Associates in Cambridge, Mass. We are a social science research firm. Did you receive information in the mail about our National Day Care telephone survey?

Yes ☐ SKIP TO PAGE 3

No ☐

We've been asked by the Office of Child Development in Washington, D.C. to conduct a three-year National Day Care Study in licensed day care centers. We want to learn a great deal more about what happens between Day Care workers and children in large and small groups. Interviewing day care directors is one of the best ways to find out what the day care center world is like in 1974, so we are calling directors in one of every four randomly selected centers in 18 major cities around the country to find out more about their centers and to determine which cities have the largest numbers of centers eligible for the study. Your center was selected from the current day care licensing list in your state.

The findings of the study will provide important information to public policy makers both in Washington and in the local governments, and to day care directors like yourself.

Abt Associates is concerned, as we know you are, about the confidentiality of any information you may give us.

CARD 1

Let me read you our guarantee of confidentiality statement:

Abt Associates is required by the Department of Health, Education and Welfare, (HEW), to inform you of the following:

Your participation in this survey is voluntary and your refusal to participate or how you answer any of the questions should you decide to participate will not affect your eligibility for present or future federal programs or benefits.

All center-identifying information collected by this study will be treated as confidential. Names, addresses or other identifying information of the survey participants will not be disclosed. Data provided to the Office of Child Development of HEW will reflect the totalled responses of all centers surveyed in a particular city, and will not reveal the identities or the individual questionnaire responses of the surveyed centers. At the conclusion of this telephone survey, Abt Associates will recommend to OCD three cities for further day care study. Abt Associates will maintain all center-identifying data collected by this telephone survey, including the individual questionnaire responses, until the entire national day care study is completed...after a maximum length of 3½ years. Once the study is completed, Abt Associates will destroy all information within its possession pertaining to this telephone survey.

We will send you a letter containing a copy of the statement we just read to you, and a short description of the study.

Would you be willing to participate in the telephone survey?

		12
Yes	☐	1
No	☐	2

CARD 1

PART I: INITIAL SCREENING

Are you willing to participate in the telephone survey?

12

Yes ( ) 1

No ( ) 2

The first set of questions is about your center's basic operations.

1. First, I want to make sure we have the correct spelling of your name, your correct center mailing address, and zip code.

Le me read you that information:

Mrs. ( )

Miss ( )

Ms. ( )

Mr. ( )

(ATTACH LABEL)

Is that correct? (CHECK APPROPRIATE RESPONSES)

		13
Above computer address label was correct	( )	1
Correction was made manually and needs to be made on computer	( )	2

CARD 1

2. How is your center legally organized? PROBE: Is your center profit or non-profit? (THEN ASK) Are you individually owned or a corporation? (DO NOT READ LIST. CHECK ONLY ONE RESPONSE.)

		14 15	
Independent-Individually owned	( )	01	→ SKIP TO Q.5
Independent-Corporation - Profit	( )	02	
Non-Profit	(✓)	03	
Voluntary Agency - Church	( )	04	
- Social Service	( )	05	
- Community	( )	06	
Public Agency - Federal	( )	07	
- State	( )	08	
- Local	( )	09	
Don't know	( )	-2	
Refused	( )	-3	

3. What is the name of your sponsor agency?

		16 17	
______________________ Name of agency		01	
Does not have a sponsor agency	( )	02	→ SKIP TO Q.6
Don't know	( )	-2	
Refused	( )	-3	
Skipped	( )	-1	

4. What is the name of your contact person at the agency? PROBE: Who is the person you usually talk to there?

		18 19
Mr./Ms. ______________________ First Last		01
Don't know	( )	-2
Refused	( )	-3
Skipped	( )	-1

CARD 1

5. (DELETED)

6. How many years has your center been operating?

22/23
☐☐ ⟶ IF MORE THAN TWO YEARS, SKIP TO Q.8
IF LESS THAN TWO YEARS ENTER ON FRONT PAGE

7. In what month and year did your center begin operation?

24/25 ☐☐ Month — 19 26/27 ☐☐ Year

8. Is your center licensed to serve more than 24 children?

		28 29
Yes	( )	01
No	( )	02 ⟶ ( ) SKIP TO Q.10

9. How many children are you licensed to serve?

30/31/32
☐☐☐
# children

10. Is your center licensed to serve 3 year and 4 year olds?

		33 34
Yes	( )	01
No	( )	02 ⟶ ( ) SKIP TO Q.12

11. And what other ages are you licensed to serve?

35/36 ☐☐ • 38 ☐ years to 39/40 ☐☐ • 42 ☐ years
(Youngest age served) (Oldest age served)

12. Are you open 12 months a year?

		43 44
Yes	( )	01 ⟶ SKIP TO Q.14
No	( )	02

13. Which months are you closed?

								45 46
Jan.	( )	May	( )	Sept.	( )	IF MORE THAN 2 CHECKED PUT A CHECK MARK HERE	( )	02
Feb.	( )	June	( )	Oct.	( )			
March	( )	July	( )	Nov.	( )	IF ONLY 1 OR 2 CHECKED PUT A CHECK MARK HERE	( )	01
April	( )	August	( )	Dec.	( )			

CARD 1

14. How many days per week are you open?

47 48

Less than 5 02 → ( )

Mon.-Fri. (5) ( ) 01

More than 5 ( ) 03

15. Is your center open for more than 7 hours each day?

49 50

Yes ( ) 01

No 02 → ( ) → SKIP TO Q.17

16. What hours is your center open each day?

51/52/53/54 55/56/57/58

From ☐☐☐☐ ( ) a.m. ( ) p.m. to ☐☐☐☐ ( ) a.m. ( ) p.m.

17. How many children are currently enrolled?

59/60/61

☐☐☐

# children

62

If less than 25 2 → ( )

25 or more ( ) 1

18. How many of your current enrollment are 3 and 4 year olds?

63/64/65

☐☐☐

66

If less than 20 2 → ( )

20 or more ( ) 1

19. How many of those (READ NUMBER OF CHILDREN MENTIONED IN Q.18) children attend for at least 8 hours per day, 5 days a week?

67/68/69

☐☐☐

70

If less than 15 2 → ( )

15 or more ( ) 1

PLEASE REVIEW QUESTIONS 8, 10, 13, 14, 15, 17, 18, 19. IF YOU HAVE MADE ANY CHECK MARKS IN THE BOXES ON THE FAR RIGHT OF THE PAGE, GO ON TO CLOSE OUT, PAGE 27.

71-77 = 0 78-80 = 101

CARD 2

1-7 = Center ID

PART II: CHILDREN AND PARENTS

The next set of questions is about the children and the staff (FOR LARGE CENTERS: "If you have a list of staff and children by group, it may be helpful to get it to assist you.)

19A. How many groups (or classrooms) of children do you have in the center?

8/9
☐☐

Don't know ( ) -2

Refused ( ) -3

We are particularly interested in knowing how your 3 and 4 year old children are grouped with your staff. We're talking about kids who spend most of their day at the center in the same group.

20. How many groups of 3 and 4 year olds do you have?

10/11
☐☐
# groups

Don't know ( ) -2

Refused ( ) -3

10/11
☐☐
Don't have groups, have open classes.

CA[redacted]2/CA[redacted]3

The next set of questions is for 3 and 4 year olds only.

ASK Q.21-24 FOR EACH GROUP BEFORE GOING ON TO THE NEXT GROUP.

21. How many groups of 3 year olds do you have? (REPEAT FOR 4 YEAR OLDS)

22. How many full-time paid classroom staff who work 5 days a week do you have with that group?

23. How many part-time, paid classroom staff do you have with that group? (IF NO PART-TIME, SKIP Q. 26 & 29.

	Age	Number	Don't Know	Refused	# Full-Time Staff	Don't Know	Refused	# Part-Time Staff	Don't Know	Refused
1.	12 13 ☐–☐	14/15 ☐☐	( ) -2	( ) -3	16/17 ☐☐	( ) -2	( )-3	18/19 ☐☐	( )-2	( ) -3
2.	22 23 ☐–☐	24/25 ☐☐	( ) -2	( ) -3	26/27 ☐☐	( ) -2	( )-3	28/29 ☐☐	( )-2	( ) -3
3.	32 33 ☐–☐	34/35 ☐☐	( ) -2	( ) -3	36/37 ☐☐	( ) -2	( )-3	38/39 ☐☐	( )-2	( ) -3
4.	42 43 ☐–☐	44/45 ☐☐	( ) -2	( ) -3	46/47 ☐☐	( ) -2	( )-3	48/49 ☐☐	( )-2	( ) -3
5.	52 53 ☐–☐	54/55 ☐☐	( ) -2	( ) -3	56/57 ☐☐	( ) -2	( )-3	58/59 ☐☐	( )-2	( ) -3
6.	62 63 ☐–☐	64/65 ☐☐	( ) -2	( ) -3	66/67 ☐☐	( ) -2	( )-3	68/69 ☐☐	( )-2	( ) -3
7.	8 9 ☐–☐	10/11 ☐☐	( ) -2	( ) -3	12/13 ☐☐	( ) -2	( )-3	14/15 ☐☐	( )-2	( ) -3
				Total	18/19 ☐☐		Total	20/21 ☐☐		

1-7 = Center ID

24. Are there any regularly scheduled volunteers or other staff not paid by you working in any of the groups we've just gone over? (IF "NO" ENTER A "0" BELOW; IF YES ASK:) Could you estimate the total number of hours worked each week by volunteers or other unpaid staff in all the groups?

16/17 ☐☐

Don't know ( ) -2

Refused ( ) -3

CALCULATE TOTAL FULL/PART TIME CLASSROOM STAFF (NOT INCLUDING VOLUNTEERS) = 22/23 ☐☐

ALSO ENTER ON PAGE 11

Let's see, your total Full time/part time staff is (GIVE TOTAL). Are you included in that total?

CARD 3

The next set of questions continues to talk about staff for your 3 and 4 year old groups only.

25. How many hours each week on the average does a paid full-time classroom staff member work?

24/25
☐☐
# hours

Don't know ( ) -2
Refused ( ) -3

IF THERE ARE NO PART-TIME STAFF MENTIONED IN Q. 23, SKIP TO Q.27

26. And how many hours each week on the average does a paid part-time classroom staff member work?

26/27
☐☐
# hours

Don't know ( ) -2
Refused ( ) -3
Skipped ( ) -1

27. (DELETED)

28. How many of your paid full-time (PART-TIME IF NO FULL-TIME) classroom staff for your 3 and 4 year olds have had less than one year experience in child care? (IF PART-TIME, SKIP TO Q. 30.)

30/31
☐☐
# staff

Don't know ( ) -2
Refused ( ) -3

IF NO PART TIME STAFF, SKIP TO Q.30.
(IF THERE ARE ANY PART-TIME STAFF MENTIONED IN Q.23, ASK)

CARD 3

29. How many of your paid part-time classroom staff have had less than one year experience in child care?

32/33
☐☐
# staff

Don't know	( )	-2
Refused	( )	03

ENTER TOTAL CLASSROOM STAFF FOR 3 AND 4 YEAR OLDS FROM PAGE 9 HERE: ☐☐ # staff

30. Of your total 3 and 4 year old classroom staff, which we said was (READ TOTAL NUMBER), how many have: (READ LIST ONE AT A TIME)

		# staff 34/35	
	Bachelor's (4 year) degree	☐☐	
	Associate (2 year) degree	☐☐	36/37
	Some college	☐☐	38/39
	High School	☐☐	40/41
	Some high school	☐☐	42/43
	Total	☐☐	44/45
DO NOT READ	Don't Know	☐	-2
	Refused	☐	-3

31. How much time each week would you say your 3 and 4 year old classroom staff spend planning activities for their children?

			46 47
	Less than an hour	( )	01
	One to five hours	( )	02
	More than five hours	( )	03
DO NOT READ	Don't know	( )	-2
	Refused	( )	-3

CARD 3

32. Are your families predominantly white, black, or some other ethnic group? (CHECK ONLY ONE RESPONSE)

48 | 49

	White	( )	01
	Mostly White	( )	02
	50/50 White/Black	( )	03
	Mostly Black	( )	04
	Black	( )	05
	Other (SPECIFY)	( )	06
	________________		
DO NOT READ	Don't know	( )	-2
	Refused	( )	-3

33. Do you have any non-English speaking or bilingual children at your center?

50 | 51

Yes	( )	01	
No	( )	02	→ SKIP TO Q.35
Don't know	( )	-2	
Refused	( )	-3	

34. How many?

52/53/54

☐☐☐

# children

Don't know	( )	-02
Refused	( )	-03

35. Do any of your children have any physical handicaps or medically diagnosed special needs?

55 | 56

Yes	( )	01	
No	( )	02	
Don't know	( )	-2	SKIP TO Q. 37
Refused	( )	-3	

36. How many?

57/58/59

☐☐☐

# children

Don't know	( )	-02
Refused	( )	-03

CARD 3

37. What percent of the families at your center would you say are: (READ ENTIRE LIST)

On welfare	60/61 ☐☐ %	Don't know	☐	-2
Working with low incomes	62/63 ☐☐ %	Refused	☐	-3
Working with middle incomes	64/65 ☐☐ %			
Working with high incomes	66/67 ☐☐ %			

38. Are most of your families from the center's immediate neighborhood?

		68 69
Yes	( )	01
No	( )	02
Don't know	( )	-2
Refused	( )	-3

70 - 77 = 0

78 - 80 = 103

CARD 4

1 - 7 = center ID

PART III: DIRECTOR AND STAFF

Now I would like to ask you some questions about you and your staff.

39. Mr./Ms. ___________, how many years have you been the director of your center?

8/9
☐☐

Refused	( )	-3
Started center	( )	SKIP TO Q.42

40. Were you on the staff of your center before you became the director?

		10 11
Yes	( )	01
No	( )	02
Refused	( )	-3

CARD 4

42. Have you ever worked in another day care center?

14 15

Yes	( )	01
No	( )	02
Refused	( )	-3

43. (DELETED)

44. What is your educational background? (PROBE FOR HIGHEST COMPLETED NUMBER OF YEARS OF SCHOOL. CHECK ONLY ONE RESPONSE.)

18 19

High School			College			Graduate Work		
8	( )	01	1	( )	06	1	( )	12
9	( )	02	2	( )	07	2	( )	13
10	( )	03	AA	( )	08	3	( )	14
11	( )	04	3	( )	09	MA	( )	15
12	( )	05	4	( )	10	MA+	( )	16
			BA	( )	11	other	( )	17
			Refused	( )	-3			

45. (DELETED)

46. Have you ever taken courses in . . . . (READ LIST)

Day Care Administration	( ) 1	( ) 2	27
Early Childhood Development	( ) 1	( ) 2	28
Early Childhood Curriculum	( ) 1	( ) 2	29
Day Care Funding & Resources	( ) 1	( ) 2	30
Other (SPECIFY) ____________	( ) 1	( ) 2	31

DO NOT READ Refused (-3) 32 33

CARD 4

O.K. Now I'd like to know more about your total staff. PROBE: This means everyone in the center including yourself.

47. How many full-time paid staff do you have?

34/35
☐☐ # Staff

Don't know	( )	-2
Refused	( )	-3

48. How many of your paid full-time staff work in the classroom?

36/37
☐☐ # Staff

Don't know	( )	-2
Refused	( )	-3

49. How many hours, on the average, does a paid full-time classroom staff spend working with children each week?

38/39
☐☐ # hours

Don't know	( )	-2
Refused	( )	-3

50. How many paid part-time staff do you have?

40/41
☐☐ # Staff

None	( )	00
Don't know	( )	-2
Refused	( )	-3

51. How many of your paid part-time staff work in the classroom?

42/43
☐☐ # Staff

Don't know	( )	-2
Refused	( )	-3

CARD 4

52. During the last two years, have any of your staff taken special courses in . . . (READ LIST)

	Yes	No	Don't Know	Refused	
Early Childhood Development	( ) 01	( ) 02	( ) -2	( ) -3	44 | 45
Early Childhood Curriculum	( ) 01	( ) 02	( ) -2	( ) -3	46 | 47
Other early childhood or day care (SPECIFY) ______________	( ) 01	( ) 02	( ) -2	( ) -3	48 | 49

____

53. IF ANY YES TO Q. 52 ASK: How many?

50/51

☐☐ # classroom staff

Don't know	( )	-2
Refused	( )	-3
Skipped	( )	-1

54. In addition to your classroom staff, do you have any full or part-time special service staff on a regular basis--like a social worker or a curriculum specialist?

52 | 53

Yes	( )	01	
No	( )	02	
Don't know	( )	-2	SKIP TO Q.58
Refused	( )	-3	

55. What special service staff do you have?
(DO NOT READ LIST)

54 | 55			Checked	Not Checked
Don't know	( ) -2			
Refused	( ) -3			
Skipped	( ) -1			
Social Worker	( )	56	( ) 1	( ) 2
Nurse	( )	57	( ) 1	( ) 2
Parent Coordinator	( )	58	( ) 1	( ) 2
Nutruitionist	( )	59	( ) 1	( ) 2
Curriculum Development Specialist	( )	60	( ) 1	( ) 2
Child Development Specialist	( )	61	( ) 1	( ) 2
Other Special Service Staff (SPECIFY) ______________	( )	62	( ) 1	( ) 2

____

____

77 = 0

78 - 80 = 104

CARD 5

56 & 57. (DELETED) 1 - 7 = center ID

58. Have you hired any classroom staff since last January?

		22 23	
Yes	( )	01	
No	( )	02	SKIP TO Q. 61
Don't Know	( )	-2	
Refused	( )	-3	

59. How many have you hired?

24/25 ☐☐ # hired

Don't know	( )	-2
Refused	( )	-3
Skipped	( )	-1

60. How many of these were hired to replace staff who left?

26/27 ☐☐ # replaced

Don't know	( )	-2
Refused	( )	-3
Skipped	( )	-1

61. How much do you pay your highest paid full-time classroom staff member?

28/29/30/31/32 33/34

$ ☐☐☐☐☐.☐☐

Don't know	( )	-000200
Refused	( )	-000300
Missing	( )	-000100

62. IF MENTIONED, CHECK ONE RESPONSE. IF NOT MENTIONED IN ANSWERING Q.59 ASK: Is that by the hour, day, week, month, or year?

		35 36
Hour	( )	01
Day	( )	02
Week	( )	03
Month	( )	04
Year	( )	05

CARD 5

63. How much do you pay your lowest paid full-time classroom staff member?

37/38/39/40/41 42/43

$ ☐☐☐☐☐ . ☐☐

Don't know	( )	-000200
Refused	( )	-000300
Missing	( )	-000100

64. IF MENTIONED, CHECK APPROPRIATE RESPONSE. IF NOT MENTIONED IN ANSWERING Q.61, ASK: Is that by the hour, week, month, year, or what?

44 | 45

Hour	( )	01
Day	( )	02
Week	( )	03
Month	( )	04
Year	( )	05

65. How many of your paid staff are (READ LIST)

Black	46/47 ☐☐	# black
White	48/49 ☐☐	# white
Other	50/51 ☐☐	# other
Don't know	( )	-2
Refused	( )	-3

66. Are any of your classroom staff men?

52 | 53

Yes	( )	01	
No	( )	02	→ SKIP TO PART IV BELOW
Don't know	( )	-2	
Refused	( )	-3	

67. How many?

54/55

☐☐ # men

Don't Know	( )	-2
Refused	( )	-3
Skipped	( )	-1

CARD 5

PART IV: BUDGET

Well, Mrs./Ms./ ________________, the last set of questions is about your budget.

68. Do you have a yearly budget for your center?

		56|57	
Yes	( )	01	
No	( )	02	SKIP TO Q. 70
Don't know	( )	-2	
Refused	( )	-3	

69. Who is primarily responsible for preparing your budget? (DO NOT READ LIST. CHECK ONLY ONE RESPONSE.)

		58|59
Center Director	( )	01
Center Secretary	( )	02
Agency Supervisor	( )	03
Agency Accountant	( )	04
Outside Accountant	( )	05
Other (SPECIFY)	( )	06
____________________		
Don't know	( )	-2
Refused	( )	-3

70. Approximately what is your total yearly cash budget? PROBE: How much does it cost you to run your center each year?

60/61/62/63/64/65

$ ☐☐☐☐☐☐ .

Don't know	( )	-00002
Refused	( )	-00003
Missing	( )	-00001

CARD 5

71. What is your principal funding source? (PROBE) Where does the largest part of your money come from? (WAIT FOR RESPONSE THEN ASK) What percent of your total budget would you say that is? (DO NOT READ LIST. CHECK ONLY ONE RESPONSE)

	Primary Source 66 67	Estimated % 68/69/70	
Parent Fee	( ) 01	☐☐☐	→ ASK A
Federal Government	( ) 02	☐☐☐	→ ASK B
State/Local Government	( ) 03	☐☐☐	→ ASK C
Community Fund	( ) 04	☐☐☐	
Welfare	( ) 05	☐☐☐	→ ASK D
Other (SPECIFY)	( ) 06	☐☐☐	
________________			
Don't know	( ) -2	- 0 2	
Refused	( ) -3	- 0 3	

75 - 77 = 0

78 - 80 = 105

72. What is your next most important funding source? (WAIT FOR RESPONSE THEN ASK) What percent of your budget would you say that is? (DO NOT READ READ LIST. CHECK ONLY ONE RESPONSE.)

	Secondary Source 71 72	Estimated % 73/74	
	( ) 01	☐☐	→ ASK A
	( ) 02	☐☐	→ ASK B
	( ) 03	☐☐	→ ASK C
	( ) 04	☐☐	
	( ) 05	☐☐	→ ASK D
	( ) 06	☐☐	
	( ) -2	- 2	
	( ) -3	- 3	
None	( ) 07	0 0	

CARD 6

1 - 7 = center ID

IF PARENT FEE MENTIONED IN Q. 71 or Q. 72, ASK A:

A. What is the maximum weekly fee per child any parent pays?

8/ 9/10

$ ☐☐☐ . per week

Don't know	( )	-02
Refused	( )	-03
Skipped	( )	-01

IF FEDERAL GOVERNMENT MENTIONED IN Q.71 or Q.72, ASK B:

B. Which agency of the federal government funds you?

________________________ 01 11|12

Don't know	( )	-2
Refused	( )	-3
Skipped	( )	-1

IF STATE/LOCAL MENTIONED IN Q.71 OR Q.72, ASK C:

C. Which agency funds you? 13|14

________________________ 01

Don't know	( )	-2
Refused	( )	-3
Skipped	( )	-1

IF WELFARE MENTIONED IN Q.71 OR Q.72, ASK D:

D. Do you have a purchase of service contract: 15|16

Yes	( )	01
No	( )	02
Don't know	( )	-2
Refused	( )	-3
Skipped	( )	-1

1. How many children is welfare paying for?

17/18

☐☐ # children

Don't know	( )	-2
Refused	( )	-3
Skipped	( )	-1

CARD 6

2. How much do they pay?

19/20/21/22

☐☐☐☐ .

Don't know	( )	-002	
Refused	( )	-003	
Skipped	( )	-001	

IF NOT MENTIONED IN ANSWERING (2) ASK:

3. Is that per week, per month, per year, or what?

23 24

Week	( )	01
Month	( )	02
Year	( )	03
Other (SPECIFY) ________________	( )	04
Don't know	( )	-2
Refused	( )	-3

73. Do you have to pay for your space?

25 26

Yes	( )	01	
No	( )	02	→ SKIP TO Q. 75
Don't know	( )	-2	
Refused	( )	-3	

74. How much is your rent or mortgage per month?

27/28/29

$ ☐☐☐ . per month

Don't know	( )	-2
Refused	( )	-3

75. (DELETED)

76. (DELETED)

CARD 6

CLOSE OUT

Well, Ms./Mr. ________________, we have talked to many day care center directors throughout the country and have learned quite a bit about what is happening in the day care world. One issue that is of concern to most centers has been inflation . . ..

77. How has inflation affected your center? (PROBE. DO NOT READ LIST. CODE ALL THAT APPLY.)

			No				No
Parents have been slow to pay.	34 ☐	1	2	Food cost	42 ☐	1	2
Decrease in waiting list	35 ☐	1	2	More children per staff	43 ☐	1	2
Increase in waiting list	36 ☐	1	2	Less children per staff	44 ☐	1	2
Harder to raise money	37 ☐	1	2	utilities	45 ☐	1	2
Cost of supplies	38 ☐	1	2	Rent	46 ☐	1	2
Staff turnover	39 ☐	1	2	Other (SPECIFY) ______________	47 ☐	1	2
Decrease staff	40 ☐	1	2	______________________			
Discontinue transportation	41 ☐	1	2	Don't know	( )	-2	48 49
				Refused	( )	-3	

78. What would happen to your center if inflation were to continue for some time? (PROBE. DO NOT READ LIST. CODE ALL THAT APPLY)

			No	
Close down	( )	1	2	50
Decrease enrollment	( )	1	2	51
Reduce fees	( )	1	2	52
Raise fees	( )	1	2	53
Nothing	( )	1	2	54
Other (SPECIFY)	( )	1	2	55

____

____

____

Don't know	( )	-2	56 57
Refused	( )	-3	

CARD 6

79. Do you know of any major studies of day care centers currently going on in your area?

		58 59	
Yes	( )	01	
No	( )	02	SKIP TO Q. 81
Don't know	( )	-2	
Refused	( )	-3	

80. Who is doing the studies?

		60 61
______________________________		
______________________________		
______________________________		01
Don't know	( )	-2
Refused	( )	-3

81. If your city is chosen for our study can we contact you for more information?

		62 63
Yes	( )	01
No	( )	02
Don't know	( )	-2

This is the end of the interview and I appreciate your help very much.

Time ended ______________________________

64 - 77 = 0

78 - 80 = 106

3.2 Spring Baseline Instruments

After the three National Day Care Study Sites -- Atlanta, Detroit and Seattle -- had been selected, Cambridge study staff visited 96 potential study day care centers within the three sites and administered the Spring Baseline Instruments. The instrument consisted of five sections:

- Telephone Survey Verification
- Director Interview
- Lead Teacher: Classroom Staffing
- Lead Teacher: Child Attendance
- Staff Background

Data obtained during visits were used by the staff primarily to screen centers for contracting. To ensure that the selected centers met basic study requirements, screening questions posed in the telephone survey were readministered as the first gating mechanism. Additional detailed data on enrollment, staff schedules and staff background were also collected to gain more precision on the two key policy variables: staff/child ratio and professionalism. These data were analyzed to ensure that centers met the study design requirements and fell within established variable ranges. Results are described in the three center selection reports.

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NATIONAL DAY CARE STUDY: ON-SITE BASELINE DATA

DIRECTOR INTERVIEW

APRIL/MAY 1975 OMB# 85S75011 EXPIRES JUNE 1975

FILLED OUT BY: ______________________

DATE: ______________________

Reviewed and verified accurate
by person completing interview: ______________________
(Signature)

____
(Date)

OMB # 85S75011
Expires: 6/75

ON-SITE VERIFICATION AND ADDITIONAL DATA COLLECTION

I. Verification of the Telephone Survey. Part I: Initial Screening (19 questions) will be verifed through interview with the Center Director.

II. Additional Baseline Data. This segment of the instrument is to be administered through interview with the Center Director. Five data areas are included:

   A. General Enrollment by age and by group
   B. Total Staff Data
   C. Activities and Services
   D. Fiscal Information
   E. Willingness to Participate

III. Classroom Interview (Lead Teacher). The lead teacher will be viewed as a resource person regarding activities and schedules specific to her classroom. The interview includes: data on daily class schedule, volunteers serving in the classroom and review of child enrollment.

IV. Classroom Roster: Staff Scheduling. Each lead teacher working with three, four or five year olds will provide daily work schedules for all caregivers in the classroom. Staffing rosters will then be constructed for each target classroom.

V. Staff Background Questionnaire. Questions pertaining to education and experience will be administered through interviews to the Center Director and to each caregiver who works with three, four and five year olds.

ON SITE VERIFICATION AND ADDITIONAL DATA COLLECTION

INTRODUCTION

Hello, Mr./Ms. ________________________. My name is _________ _____________ and this is my colleague _____________________________. We are both with Abt Associates. As you know, we are conducting a three-year National Day Care Study for the Office of Child Development. The study is being carried out in Atlanta, Detroit and Seattle. We will be working with 16/32 centers here.

We have already conducted a telephone survey with you and other Center Directors in 17 cities. From the survey we learned a great deal about the day care center world. From the study, we were also able to select the three major cities for our study and to identify potential study centers such as yours.

The purpose of our visit today is to review the information you have already given us and to find out more about your center program and activities, the schedules for children and teachers in your groups, and your staff's experience and educational background. This information will help us to make final selection of centers that meet the study requirements, such as a broad range of staff/child ratios, different levels of professionalism, varying group sizes and diversity in other program characteristics.

Whether your center is selected or not, or whether you choose to participate, the findings of our visits will provide important new information for our study, for policy makers and for day care directors like yourself.

Abt Associates is concerned, as we know you are, about the confidentiality of any information you may give us. Before we begin this interview, we are required by the Department of Health, Education and Welfare to review this statement with you.

(HAND OUT CARD WITH THE FOLLOWING STATEMENT):

STATEMENT OF CONFIDENTIALITY

The purpose of a visit to your center at this time is to collect information essential to the final selection of centers for participation in the study.

The participation of you and your center staff in providing information during the visit by members of the study staff is voluntary and your refusal to participate or how you answer any of the questions, should you decide to participate, will not affect your eligibility for present or future federal programs or benefits.

Those centers that are selected and who agree to enter into a longterm involvement in the study will be specifically disclosed and recommended by name to the Office of Child Development. All critical center level data will be reported at the time of recommendation. In subsequent reports, however, centers will be identified by codes only.

Only center level data will be disclosed as described above. Under no circumstances will data on any individual be reported by name either at this time or during the study.

Abt Associates will maintain all center-identifying data collected by on-site visits, including the individual data collection instruments, until the entire National Day Care Study is completed (a maximum of 3 1/2 years). Once the study is completed, Abt Associates will deliver information within its possession pertaining to this visit to the Department of Health, Education and Welfare.

Are you willing to respond to our questions?

Yes ☐

No ☐

TELEPHONE VERIFICATION SURVEY

I. TELEPHONE SURVEY VERIFICATION

The initial part of the site visit will consist of verification of Part I: Initial Screening of the telephone survey. The initial 19 screening questions will be reasked. The purpose is to ensure that the center in fact meets the crucial study criteria. Should a center fail to "pass" screening question verification, the site visit will be terminated and a replacement will be identified.

Xeroxed copies of the telephone screening questions will be used for verification purposes.

Date ________________

1. First, I want to make sure we have the correct spelling of your name, your correct center mailing address, and zip code.

Le me read you that information:

Mrs. ( )
Miss ( )
Ms. ( )
Mr. ( )

(ATTACH LABEL)

Is that correct? (CHECK APPROPRIATE RESPONSES)

13

Above computer address label was correct ( ) 1

Correction was made manually and needs to be made on computer ( ) 2

CARD 1

2. How is your center legally organized? PROBE: How is your center set up -- as a corporation, community agency, or what? (DO NOT READ LIST. CHECK ONLY ONE RESPONSE.)

		14 15	
Independent-Individually owned	( )	01	→ SKIP TO Q.5
Independent-Corporation - Profit	( )	02	
Non-Profit	( )	03	
Voluntary Agency - Church	( )	04	
- Social Service	( )	05	
- Community	( )	06	
Public Agency - Federal	( )	07	
- State	( )	08	
- Local	( )	09	
Don't know	( )	-2	
Refused	( )	-3	

3. What is the name of your sponsor agency?

16 17

______________________________ 01

Name of agency

Does not have a sponsor agency	( )	02	→ SKIP TO Q.6
Don't know	( )	-2	
Refused	( )	-3	
Skipped	( )	-1	

4. What is the name of your contact person at the agency?

18 19

Mr./Ms. ______________________________ 01

First Last

4a. Contact Person Telephone:

____

Don't know	( )	-2
Refused	( )	-3
Skipped	( )	-1

CARD 1

5. (DELETED)

6. How many years has your center been operating?

22/23
☐☐ → IF MORE THAN TWO YEARS, SKIP TO Q.8
IF LESS THAN TWO YEARS ENTER ON FRONT PAGE

7. In what month and year did your center begin operation?

24/25 ☐☐ Month 19 26/27 ☐☐ Year

8. Is your center licensed to serve more than 24 children?

28|29

Yes ( ) 01

No ( ) 02 → ( ) SKIP TO Q.10

9. How many children are you licensed to serve?

30/31/32
☐☐☐
# childre

10. Is your center licensed to serve 3 year and 4 year olds?

33|34

Yes ( ) 01

No ( ) 02 → ( ) SKIP TO Q.12

11. And what other ages are you licensed to serve?

35/36 ☐☐ . 38 ☐ years to 39/40 ☐☐ . 42 ☐ years
(Youngest age served) (Oldest age served)

12. Are you open 12 months a year?

43|44

Yes ( ) 01 → SKIP TO Q.14

No ( ) 02

13. Which months are you closed?

Jan.	( )	May	( )	Sept.	( )	IF MORE THAN 2 CHECKED PUT A CHECK MARK HERE	( )	45|46 02
Feb.	( )	June	( )	Oct.	( )			
March	( )	July	( )	Nov.	( )	IF ONLY 1 OR 2 CHECKED PUT A CHECK MARK HERE	( )	01
April	( )	August	( )	Dec	( )			

CARD 1

14. How many days per week are you open?

47 48

Less than 5 02 ⟶ ( )

Mon.-Fri. (5) ( ) 01

More than 5 ( ) 03

15. Is your center open for more than 7 hours each day?

49 50

Yes ( ) 01

No 02 ⟶ ( ) ⟶ SKIP TO Q.17

16. What hours is your center open each day?

51/52/53/54 55/56/57/58

From ☐☐☐☐ ( ) a.m. ( ) p.m. to ☐☐☐☐ ( ) a.m. ( ) p.m.

17. How many children are currently enrolled?

59/60/61

☐☐☐

# children

62

If less than 25 2 ⟶ ( )

25 or more ( ) 1

18. How many of your current enrollment are 3 and 4 year olds?

63/64/65

☐☐☐

66

If less than 20 2 ⟶ ( )

20 or more ( ) 1

19. How many of those (READ NUMBER OF CHILDREN MENTIONED IN Q.18) children attend for at least 8 hours per day, 5 days a week?

67/68/69

☐☐☐

70

If less than 20 2 ⟶ ( )

20 or more ( ) 1

19a. And how many of your current enrollment were 5 years old last fall?

☐☐☐

DIRECTOR INTERVIEW

II: ADDITIONAL BASELINE DATA:

DIRECTOR INTERVIEW

The baseline questionnaire should be administered through interview with the Director. The questionnaire calls for overall enrollment data, total staff data, information on center services and activities, and budget and finance data. After the Director Interview, the Staff Background Questionnaire should be administered to the director.

Individual classroom data and teacher schedules are obtained through interview with the lead teachers in classrooms serving three, four or five year old children. The Staff Background Questionnaire should be administered to all classroom staff. If a classroom staff member is not present during the center visit, please obtain as much background information as possible from the director.

(Note: Boxes to left of questions are to be used
to indicate where pertinent comments have
been made by the respondent and recorded.)

Code: 1 = highly relevant comments

2 = important comments

CARD 1 CARD 2

CENTER

ADDITIONAL BASELINE DATA

CARD 1 A. First we would like some information on your overall enrollment.

8 ☐ A-1 How many classrooms or groupings of children does your center have?

Specify number 9/10/11 ☐☐☐

INSTRUCTIONS FOR A-2: CENTER/CLASS ROSTER

In order to uniquely identify the classrooms in the center, we need to know the age range of children in each classroom as of last fall and the number of children currently enrolled in that classroom, including both full-time and part-time children. This information should be recorded on the CENTER/CLASS ROSTER which follows. Begin with the youngest group and procede in chronological order until all classrooms have been recorded, including kindergarten and/or extended day care classes. Compute the total number of children enrolled and enter at the bottom of the page. This total must total center enrollment given in Q. 17 of the Telephone Survey Verification. If it doesn't resolve any differences, then identify these classrooms which serve 3,4, and 5 year olds by assigning a classroom ID in the corresponding box, beginning with ID "01" and proceding in ascending order to ID "09" if necessary. Assign ID's to classrooms serving 3,4, and 5 year olds only. Enter the total number of such classrooms at the bottom of the page. (This will be the number of classroom interviews to be conducted with lead teachers. The ID's assigned here will be used to uniquely identify classroom staff serving 3,4, and 5 year olds on the MASTER CODE SHEET which follows the CENTER/CLASS ROSTER.

MASTER CLASSROOM CODE SHEET: INSTRUCTIONS

The purpose of the master code sheet is to insure confidentiality of all interviews with the director and teachers in classrooms serving 3,4 and 5 year old children.

The staff code is to be entered on all Classroom and Staff Background sections of the instrument as indicated.

Assign the code during the director interview immediately after completing A-2 as follows:

1) Enter the classroom ID # for the first class with 3 year olds on Master Code Sheet

2) Ask for the lead teacher's name and enter. Enter job title code. If the person holds two jobs enter primary job code first and then secondary code.

3) Ask for each caregiver's name in the classroom and enter appropriate codes

4) Go on to next class until all those with 3, 4, and 5 year olds (at least some full time) have been entered.

5) Team member conducting classroom staff interviews assemble all codes in right hand column and enter on instrument.

6) Verify name spelling, class size and classroom staff for each class with lead teacher

7) At the end of interviews place Master Code Sheet in envelope and on return give to Director of IMS for filing in locked security box.

CARD 1/CARD 2

CENTER/CLASS ROSTER

CENTER

A-2 List of classroom groupings starting with youngest age served. (Record ages as of last fall; record all classrooms)

	Ages Served year /months		year/months	# of Child.	Class (Assign only ID for classrooms with 3,4, or 5 year olds)
	12/13/14/15 ☐☐☐☐	to	16/17/18/19 ☐☐☐☐	20/21 ☐☐	☐☐
	22/23/24/25 ☐☐☐☐		26/27/28/29 ☐☐☐☐	30/31 ☐☐	☐☐
	32/33/34/35 ☐☐☐☐		36/37/38/39 ☐☐☐☐	40/41 ☐☐	☐☐
	42/43/44/45 ☐☐☐☐		46/47/48/49 ☐☐☐☐	50/51 ☐☐	☐☐
	52/53/54/55 ☐☐☐☐		56/57/58/59 ☐☐☐☐	60/61 ☐☐	☐☐
	62/63/64/65 ☐☐☐☐		66/67/63/69 ☐☐☐☐	70/71 ☐☐	☐☐
CARD 2	72/73/74/75 ☐☐☐☐		8/ 9/10/11 ☐☐☐☐	12/13 ☐☐	☐☐
	14/15/16/17 ☐☐☐☐		18/19/20/21 ☐☐☐☐	22/23 ☐☐	☐☐
	24/25/26/27 ☐☐☐☐		28/29/30/31 ☐☐☐☐	32/33 ☐☐	☐☐

TOTAL ENROLLMENT 34/35/36 ☐☐☐ SHOULD EQUAL TS VERIFICATION Q. 17

TOTAL CLASSROOMS WITH 3,4 or 5 YEAR OLDS 37/38 ☐☐ NUMBER OF CLASSROOM INTERVIEWS TO BE CONDUCTED WITH LEAD TEACHERS

MASTER CLASSROOM CODE SHEET

Filled Out By________________
Date ________________

Center ID#___________

Class ID	Staff Name (First/Last)	Staff ID	Primary Job	Secondary Job	Job Code	Staff Code*
		01			_ _/_ _	_ _ _ _ _ _ _ _
		02			_ _/_ _	_ _ _ _ _ _ _ _
		03			_ _/_ _	_ _ _ _ _ _ _ _
		04			_ _/_ _	_ _ _ _ _ _ _ _
		05			_ _/_ _	_ _ _ _ _ _ _ _
		06			_ _/_ _	_ _ _ _ _ _ _ _
		07			_ _/_ _	_ _ _ _ _ _ _ _
		08			_ _/_ _	_ _ _ _ _ _ _ _
		09			_ _/_ _	_ _ _ _ _ _ _ _
		10			_ _/_ _	_ _ _ _ _ _ _ _
		11			_ _/_ _	_ _ _ _ _ _ _ _
		12			_ _/_ _	_ _ _ _ _ _ _ _
		13			_ _/_ _	_ _ _ _ _ _ _ _
		14			_ _/_ _	_ _ _ _ _ _ _ _
		15			_ _/_ _	_ _ _ _ _ _ _ _
		16			_ _/_ _	_ _ _ _ _ _ _ _
		17			_ _/_ _	_ _ _ _ _ _ _ _
		18			_ _/_ _	_ _ _ _ _ _ _ _
		19			_ _/_ _	_ _ _ _ _ _ _ _
		20			_ _/_ _	_ _ _ _ _ _ _ _

* Enter 8 digit code here and on all Lead Teacher and Staff Background Questionnaires Verify Class Staff name and job with lead teacher.

Administrative (01-10)
01 Director
02 Assistant Director
03 Administrative Assistant
04 Bookkeeper/Accountant
05 Other

Support Staff (11-30)
21 Secretary/Clerical
22 Janitor/Maintenance
23 Cook/Dietician
24 Cook Aide
25 Driver
26 Driver Aide
27 Other

Classroom Staff (31-40)
31 Director
32 Assistant Director
33 Lead (Head Teacher)
34 Assistant Teachers
35 Aides
36 Other

Program Staff (41-60)
41 Social Worker
42 Nurse
43 Education Specialist
44 Parent Coordinator
45 Nutritionist
46 Other

Volunteers (61-70)
61 Parent
62 NYC
63 Student Intern
64 Specialist
65 Charitable Organizati
66 Independent
67 Other

When interviews are complete seal in Master Code Sheet Envelope and give to Director of IMS for filing in locked security box.

MASTER CLASSROOM CODE SHEET

Filled Out By ______________

Date ______________

Center ID# ____________

Class ID	Staff Name (First/Last)	Staff ID	Primary Job	Secondary Job	Job Code	Staff Code*
		21			/	
		22			/	
		23			/	
		24			/	
		25			/	
		26			/	
		27			/	
		28			/	
		29			/	
		30			/	
		31			/	
		32			/	
		33			/	
		34			/	
		35			/	
		36			/	
		37			/	
		38			/	
		39			/	
		40			/	

* Enter 8 digit code here and on all Lead Teacher and Staff Background Questionnaires Verify Class Staff name and job with lead teacher.

ministrative (01-10)
- Director
- Assistant Director
- Administrative Assistant
- Bookkeeper/Accountant
- Other

Support Staff (11-30)
- 21 Secretary/Clerical
- 22 Janitor/Maintenance
- 23 Cook/Dietician
- 24 Cook Aide
- 25 Driver
- 26 Driver Aide
- 27 Other

Classroom Staff (31-40)
- 31 Director
- 32 Assistant Director
- 33 Lead (Head Teacher)
- 34 Assistant Teachers
- 35 Aides
- 36 Other

Program Staff (41-60)
- 41 Social Worker
- 42 Nurse
- 43 Education Specialist
- 44 Parent Coordinator
- 45 Nutritionist
- 46 Other

Volunteers (61-70)
- 61 Parent
- 62 NYC
- 63 Student Intern
- 64 Specialist
- 65 Charitable Organizati
- 66 Independent
- 67 Other

When interviews are complete seal in Master Code Sheet Envelope and give to Director of IMS for filing in locked security box.

CARD 2

CENTER

44 ☐

A-3 Of the ____________ children enrolled, how many are:
(READ CATEGORIES. SPECIFY NUMBER)

Black 45/46/47 ☐☐☐

White 48/49/50 ☐☐☐

Other 51/52/53 ☐☐☐

Total ☐☐☐ (Must equal total number of children recorded in Q. A-2)

54 ☐

A-4 Estimate how many children left your center since school started last September. (PROBE for reasons and record as comments)

Estimate number of terminations 55/56/57 ☐☐☐

Reasons: ____

____

____

____

____

____

58 ☐

A-5 What do you consider a full time child?

Specify hours/day 59/60 ☐☐ Specify days/week 61/62 ☐☐

CARD 2/CARD 3

63 ☐ A-6 How many families are enrolled in your program?

Specify number ☐☐☐ 64/65/66

67 ☐ A-7 Of the families enrolled, how many are single parent families? (e.g., how many have only one parent living in the household?)

Specify number ☐☐ 68/69

70 ☐ A-8 How many of the families in your center depend primarily on welfare or other public assistance?

Specify number ☐☐☐ 71/72/73

CARD 3

8 ☐ A-9 Please estimate the income level of the other (non-welfare) families in your center. How many would you say are: (READ INCOME LEVELS, SPECIFY NUMBER

Less then $4500 ☐☐☐ 9/10/11 (Do not include any families recorded in A-8)

$4500-$7499 ☐☐☐ 12/13/14

$7500-$11,999 ☐☐☐ 15/16/17

$12,000-$17,000 ☐☐☐ 18/19/20

Above $17,000 ☐☐☐ 21/22/23

Total Number ________

(NOTE: The number of families recorded in questions A-8 and A-9 must equal the number recorded in question A-6.)

B Center Position Roster Instructions

B. Next we would like to ask some questions about your total staff:

B-1 Go to Center Position Roster and ask:

1) How many paid full (30 or more hours/week) and part-time (less than 30 hours/week) staff do you have at your center? ENTER TOTAL IN (1) AT BOTTOM OF SECOND SHEET.

2) Are there any full or part-time staff who work regularly during the year but are not paid for from the center budget? Probe for volunteers, people who are working for "in-kind" care of their own children, or paid by a third party. ENTER TOTAL IN (2) AT BOTTOM OF SECOND SHEET.

3) Do you work in the classroom? (If yes) How many hours/week? ENTER APPROPRIATE FRACTION IN CLASSROOM-DIRECTOR. (If no) You're a paid full-time employee? ENTER ONE IN ADMINISTRATIVE-DIRECTOR. (If more than five hours for any employee follow note below.)

4) What other paid full time, over 30 hours/week Administrative and Support Staff do you have? ENTER IN WEEKLY STAFF COLUMN ON FIRST SHEET. How about paid part-time, less than 30 hours/week? ENTER. Repeat for volunteer/3rd party regular staff if appropriate. ENTER.

5) Repeat for Program then Classroom Staff, ENTER IN WEEKLY STAFF COLUMN ON FIRST SHEET.

6) Ask and ENTER classroom staff by male, female, and highest and lowest salary.

7) Ask and ENTER racial distribution of entire weekly full and part-time staff.

8) Finally ask if there are any other administrative, support or program staff who come regularly or occassionally for short periods of time (e.g. one day/month or several hours/week) who are volunteers or are paid by a third party. ENTER IN NON-WEEKLY STAFF COLUMN ON FIRST SHEET.

Note: For staff working in two or more positions simultaneously, record in the appropriate boxes as follows:

- for 2 positions put 1/2 in each box;
- for 3 positions put 1/3 in each box, etc.

Make sure that the entries for each person add up to one. For classroom staff count any fractions as one when computing "total classroom staff" and "women/men" distribution.

Card 3--Card 8

B-1 CENTER POSITION ROSTER

Job I.D. No.		Job Classification	Center Job Title (If Different)	✓ If Not Same Title	Weekly Staff: Full Time: Paid	Weekly Staff: Full Time: Vol. or 3rd Party	Weekly Staff: Part Time: Paid	Weekly Staff: Part Time: Vol. or 3rd Party	Non-Weekly Staff: Pd. By Center	Non-Weekly Staff: Vol. or 3rd Party	Non-Weekly Staff: Est. Hrs/ Mo.	
Administrative												
0	1	Director										24-48
0	2	Assistant Director										49-73
0	3	Admin. Asst.										8-32
0	4	Bookkeeper/Acct.										33-57
0	5	Other										58-75,8-13 Card 4
		SUB-TOTAL										
Support												
2	1	Secretary/Clerical										14-38
2	2	Janitor/Maintenance										39-63
2	3	Cook/Dietician										64-75, 8-20 Card 5
2	4	Cook Aide										21-45
2	5	Driver										46-70
2	6	Driver Aide										71-74,8-28 Card 6
2	7	Other										29-53
		SUB-TOTAL										
Program												
4	1	Social Worker										54-75,8-10 Card 7
4	2	Nurse										11-35
4	3	Ed. Specialist										36-60
4	4	Parent Coord.										61-76,8-16 Card 8
4	5	Nutritionist										17-41
4	6	Other										42-66
		SUB-TOTAL										

B-1 CENTER POSITION ROSTER – CONTINUED

Card 8–Card 10

Job I.D. No.		Job Classification	Center Job Title (if Different)	✓ If Not Same Title	Weekly Staff				
					Full-Time		Part-Time		
					Paid	Vol. or 3rd Party	Paid	Vol. or 3rd Party	
Classroom									
3	1	Director							
3	2	Asst. Director							67-74, 8-15 Card 9
3	3	Lead (Head) TCHR							16-31
3	4	Asst. Teacher							32-47
3	5	Aide							48-63
3	6	Other							64-75, 8-11 Card 10
		SUB-TOTAL							12-27
				TOTAL	☐☐☐	☐☐☐	☐☐☐	☐☐☐	

→ Total Weekly Classroom staff 28/29 ☐☐

Distribution All Full and Part-Time Weekly Classroom Staff (Paid & Unpaid)

Women 36/37 ☐☐

Men 38/39 ☐☐

Highest TCHR Pay 40/ 41/ 42/ 43/ 44/ ☐☐☐☐☐ 45/ 46 ☐☐

Lowest TCHR Pay 47/ 48/ 49/ 50/ 51/ ☐☐☐☐☐ 52/ 53 ☐☐

54/55 ☐☐

01 ___ Hr
02 ___ Day
03 ___ Week
04 ___ Month
05 ___ Year

Distribution All Full and Part-Time Staff (Paid & Unpaid)

Black 56/57 ☐☐

62 ☐ Comments: ______________________

White 58/59 ☐☐

Other 60/61 ☐☐

1 Total Weekly Staff Paid by Center (col. 1 + col. 3) 30/31 ☐☐

2 Total Weekly Staff Not Paid by Center (col. 2 + col. 4) 32/33 ☐☐

Total Weekly Staff (1 + 2) 34/35 ☐☐

CARD 10

CENTER

63 ☐

B-2 Does your center hold meetings including all staff (except support staff)?

64/65

No ( ) 02 ⟶ SKIP to Question B-3.

Yes ( ) 01 ⟶ If yes a) How often?

66/67

Regularly once per week	( )	01
Regularly once per month	( )	02
Occasionally as needed	( )	03
Other: Specify	( )	04

____

Do you have a regular agenda?

68/69

No ( ) 02

Yes ( ) 01 If yes

b. What subjects are discussed most frequently in staff meetings: (PROBE. DO NOT READ LISTS)

Most Frequently: (CHECK ONLY ONE)	70/71	Next Most Frequently (CHECK ONLY ONE)	72/73
General Center Policy	( ) 01	General Center Policy	( ) 01
Fund Raising	( ) 02	Fund Raising	( ) 02
Administration	( ) 03	Administration	( ) 03
Staff Scheduling	( ) 04	Staff Scheduling	( ) 04
Classroom Activities	( ) 05	Class Activities	( ) 05
Curriculum/materials	( ) 06	Curriculum/materials	( ) 06
Health/Nutrition	( ) 07	Health/Nutrition	( ) 07
Individual Children	( ) 08	Individual Children	( ) 08
Parent and Family	( ) 09	Parent and Family	( ) 09
Parent Participation	( ) 10	Parent Participation	( ) 10
Other: Specify	( ) 11	Other: Specify	( ) 11
__________________		__________________	

CARD 11 CENTER

14 ☐

B-4. Do you have your own staff training activities?

15/16

No ( )02 SKIP TO QUESTION C-1.
Yes ( )01 If Yes:

a. How often do you have training? (CHECK ALL THAT APPLY)			For which staff? (CHECK ALL THAT APPLY)			Provided by Whom? (CHECK ALL THAT APPLY)		
Regularly at least 1 per week	( )	17	All staff	( )	18	Center	( )	22
			Teachers	( )	19	Colleges	( )	23
			Aides	( )	20	Community Agency	( )	24
			Others	( )	21	Other Specify: ________	( )	25
Regularly at least 1 per month	( )	26	All staff	( )	27	Center	( )	31
			Teachers	( )	28	Colleges	( )	32
			Aides	( )	29	Community Agency	( )	33
			Others	( )	30	Other Specify: ________	( )	34
Regularly at least twice per year	( )	35	All staff	( )	36	Center	( )	40
			Teachers	( )	37	Colleges	( )	41
			Aides	( )	38	Community Agency	( )	42
			Others	( )	39	Other Specify: ________	( )	43
Occasionally as needed	( )	44	All staff	( )	45	Center	( )	49
			Teachers	( )	46	Colleges	( )	50
			Aides	( )	47	Community Agency	( )	51
			Others	( )	48	Other Specify: ________	( )	52

b. What subjects have been presented most frequently in this year's (since September) training activities: (PROBE. DO NOT READ LIST)

Most Frequently (CHECK ONLY ONE)	53/54	Next Most Frequently (CHECK ONLY ONE)	55/56
Administration	( ) 01	Administration	( ) 01
Child Development	( ) 02	Child Development	( ) 02
Curriculum/Development	( ) 03	Curriculum/Development	( ) 03
Use of Materials and Equipment	( ) 04	Use of Materials and Equipment	( ) 04
Health and Nutrition	( ) 05	Health and Nutrition	( ) 05
Creative Arts	( ) 06	Creative Arts	( ) 06
Community Resources	( ) 07	Community Resources	( ) 07
Other: Specify	( ) 08	Other: Specify	( ) 08
________________	( ) 09	________________	( ) 09
________________		________________	

CARD 10/CARD 11

74
☐

B-3. Does your center hold small staff group meetings?

75/76

No ( ) 02→SKIP to Question B-4.

Yes ( ) 01 If yes, what is the composition of the groups? (CHECK ALL THAT APPLY)

CARD 11

			SPECIFY HOW OFTEN
By classroom teams	( )	8	________________
By head teacher	( )	9	________________
By teacher	( )	10	________________
By aides	( )	11	________________
By special task groups	( )	12	________________
Other: Specify	( )	13	________________

____

____

CARD 12

CENTER

23 ☐ C-3 Please indicate which of the following services are currently offered to children. Specify whether the service is provided directly by the center or arranged by the center through another agency (third party). Then estimate the number of children who have received the service since September.

	Provided by Center Directly (Code 1)		Provided by Center Indirectly (Code 2)	Estimated Number Served (Check one) All (Code 01)	Estimated Number Served (Check one) Some (Code 02)	Estimated Number Served (Check one) Few (Code 03)	
Transportation to/from Center on Regular Basis	( )	24	( )	( )	( )	( )	25 26
Required Medical Check-ups	( )	27	( )	( )	( )	( )	28 29
Emergency Medical Care	( )	30	( )	( )	( )	( )	31 32
Medical Follow up Care	( )	33	( )	( )	( )	( )	34 35
Dental Check-ups	( )	36	( )	( )	( )	( )	37 38
Dental Follow up Care	( )	39	( )	( )	( )	( )	40 41
Innoculations	( )	42	( )	( )	( )	( )	43 44
Psychological Testing	( )	45	( )	( )	( )	( )	46 47
Speech, Vision, Hearing Testing	( )	48	( )	( )	( )	( )	49 50
Other Special Testing	( )	51	( )	( )	( )	( )	52 53

CARD 11 / CARD 12

CENTER

C. Next we would like some information about activities and services regularly provided by your center.

57 ☐

C-1. Please indicate which of the following are currently offered to children in your center. (CHECK ALL THAT APPLY) (R = regularly; O - occasionally)

	R (Code 1)		O (Code 2)			R Code 1		O Code 2
Breakfast (Hot)	( )	58	( )	⟶	Afternoon Snack	( )	64	( )
Breakfast (Cold)	( )	59	( )	⟶	Morning Snack	( )	65	( )
Lunch (Hot)	( )	60	( )	⟶	Home Visit	( )	66	( )
Lunch (Cold)	( )	61	( )	⟶	Other			
Dinner (Hot)	( )	62	( )	⟶	____________	( )	67	( )
Dinner (Cold)	( )	63	( )	⟶				

C-2. Please check all the items below which you have in your center. (CHECK ALL THAT APPLY)

68 ☐

Outdoor Play Area	( )	69
Outdoor Play Equipment	( )	70
Kitchen/Cooking Activities	( )	71
Place for Sick Children	( )	72
Place to Nap	( )	73

	Books	( )	74
	Puzzles	( )	75
	Board Games	( )	76
	Clay/Similar Materials	( )	77
CARD 12	Painting	( )	8
	Sand Play	( )	9
	Water Play	( )	10
	Blocks	( )	11
	Climbing Apparatus (indoor)	( )	12

Dramatic Play, Dress Up, Dolls	( )	13
Educational Materials (cuisenaire rods, etc.)	( )	14
T.V.	( )	15
Radio	( )	16
Phonograph	( )	17
Movie	( )	18
Slide Projector	( )	19
Tape Recorder	( )	20
Other (specify):		
____________________	( )	21
____________________	( )	22

54 ☐

C-4 Please indicate which of the following family services are currently provided. Specify whether the service is provided directly by the center or arranged by the center through another agency (third party). Then estimate the number of families who have received the service since September.

	Provided by Center			Estimated Number Served (check one)			
	Directly (Code 1)		Indirectly (Code 2)	All (Code 01)	Some (Code 02)	Few (Code 03)	
Counseling	( )	55	( )	( )	( )	( )	56 57
Legal Services	( )	58	( )	( )	( )	( )	59 60
Welfare Services (e.g., Food Stamps)	( )	61	( )	( )	( )	( )	62 63
Housing Services	( )	64	( )	( )	( )	( )	65 66
Economic Services	( )	67	( )	( )	( )	( )	68 69
Health Services	( )	70	( )	( )	( )	( )	71 72
Referral Services	( )	73	( )	( )	( )	( )	74 75
RD 13 Babysitting Services	( )	8	( )	( )	( )	( )	9 10
Homemaker Services	( )	11	( )	( )	( )	( )	12 13
Other (specify):							
____________________	( )	14	( )	( )	( )	( )	15 16
____________________	( )	17	( )	( )	( )	( )	18 19

CARD 13

CENTER

20 ☐ C-5 Please indicate which parent education/training services are offered to your parents. Specify whether the service is provided directly by the center or arranged by the center through another agency (third party). Then estimate the number of families who have received the service since September.

	Provided by Center			Estimated Number Served (Check one)			
	Directly (Code 1)		Indirectly (Code 2)	All (Code 01)	Some (Code 02)	Few (Code 03)	
Consumer Education	( )	21	( )	( )	( )	( )	22 | 23
Health Education	( )	24	( )	( )	( )	( )	25 | 26
Family Planning	( )	27	( )	( )	( )	( )	28 | 29
Child Development	( )	30	( )	( )	( )	( )	31 | 32
GED Program	( )	33	( )	( )	( )	( )	34 | 35
Job Training	( )	36	( )	( )	( )	( )	37 | 38
Home Economics (Food/Nutrition)	( )	39	( )	( )	( )	( )	40 | 41
Other (specify): ______________________	( )	42	( )	( )	( )	( )	43 | 44

45 ☐ C-6 Are there other special services which we should know about? If so, please use the space below to describe them. (NOTE: reclassify under "other" in Q. C-3, C-4, or C-5 if possible.

____

____

____

____

CARD 13

CENTER

46 ☐

C-7 Do Parents Participate in any of the following activities (CHECK ALL THAT APPLY)

(01) Group Social Activity	( )	47
(02) Advisory Group or Council	( )	48
(03) Parent Board (Decision-Making)	( )	49
(04) Parent Meetings	( )	50
(05) Fund Raising	( )	51
(06) Helping in the Classroom	( )	52
(07) Classroom Visits/Observations	( )	53
(08) Other: Specify	( )	54

____

55 ☐

C-8 Of all the parent activities just mentioned, in which one are parents involved the most?

Activity (From Q. C-7) 56/57 ☐☐ (If don't know, enter -1 and SKIP to Question C-10)

58 ☐

C-9 How often do parents participate in ______________________________? (activity named above). (CHECK ONLY ONE)

	60/ 61
Regularly: at least once per month	( ) 01
Regularly: at least every two months	( ) 02
Regularly: at least twice per month	( ) 03
Occasionally as needed	( ) 04
Occasionally upon request	( ) 05
Other (specify): ________________________________	( ) 06

CARD 13

CENTER

62 ☐

C-10 Does your center schedule time to talk individually with parents or families of the children?

63/64

No ( ) 02 SKIP to Question C-13.

Yes ( ) 01 If yes, how often? (PROBE. DO NOT READ LIST. CHECK ONLY ONE.)

	65/ 66
Regularly: at least once per month	( ) 01
Regularly: at least twice per year	( ) 02
Occasionally as needed	( ) 03
Only upon request	( ) 04
Other (specify): ____________________	( ) 05

During individual conferences or meetings with parents, what subject is discussed? (PROBE. DO NOT READ LIST.)

Most Frequently (CHECK ONLY ONE)	67/ 68	Next Most Frequently (CHECK ONLY ONE)	69/ 70
Individual Child Problems	( ) 01	Individual Child Problems	( ) 01
Child Developement/ Activities	( ) 02	Child Development/ Activities	( ) 02
Absenteeism	( ) 03	Absenteeism	( ) 03
Family Needs	( ) 04	Family Needs	( ) 04
Parent Participation	( ) 05	Parent Participation	( ) 05
General Progress Report	( ) 06	General Progress Report	( ) 06
Other (Specify) ____________________	( ) 07	Other (Specify) ____________________	( )07

CARD 13/ CARD 14

CENTER

71
☐ C-11 How do most children get to the center? (CHECK ONLY ONE)

72/73

Walk ( ) 01

Come in private or public transportation ( ) 02

Come in center-provided transportation ( ) 03

74
☐ C-12 What is the next most frequently used form of transportation? (CHECK ONLY ONE)

75/ 76

Walk ( ) 01

Come in private or public transportation ( ) 02

Come in center-provided transportation ( ) 03

CARD 14

8
☐ C-13 How many children spend more than 15 minutes walking or riding to the center? (CHECK ONLY ONE)

9/10

None ( ) 01

Few ( ) 02

Some ( ) 03

Most ( ) 04

All ( ) 05

CARD 14

CENTER

D. Next, we would like some information about your financial status and your fiscal recordkeeping procedures.

11 ☐

D-1. Is any of the space you are currently using donated?

12/13

No ( ) 02 → SKIP to question D-2.

Yes ( ) 01 If yes, please estiamte percentage:

14/15/16

Percentage ☐☐☐

17 ☐

D-2. Do you receive space at a reduced rent (below market value)?

18/19

No ( ) 02

Yes ( ) 01

20 ☐

D-3. How much rent do you pay each month? (If building is owned by center, record mortgage payment.)

21/22/ 23/24/25

Specify rent $ ☐☐☐☐☐

26 ☐

D-4. Please estimate the value of all donated goods (excluding space) such as surplus food, clothing, equipment, and/or educational supplies you have received since last September.
(CHECK ONLY ONE)

		27/28
None	( )	01
Less than $1,000	( )	02
$1,000 - $4,999	( )	03
$5,000 - $10,000	( )	04
Over $10,000	( )	05
Don't know	( )	-1

(NOTE: Ask if the Director has financial information available. Probe for estimates. If no response from Director, identify the person to call for budget figures.)

CARD 14

CENTER

29 ☐

D-5. Do you budget on a yearly basis?

30/31

Yes ( ) 01 — If yes, what is your budget year?

32/33 34/35

Year begins ☐☐ / ☐☐

Month Year

No ( ) 02 — If no, on what basis do you budget? (CHECK ONLY ONE)

		36/37
Monthly	( )	01
Weekly	( )	02
Don't budget	( )	03
Other (specify): ________________	( )	04

38 ☐

D-6. Please estimate your total cash expenditures for your current budget year (or budget period indicated) (If current budget not available, use last year's.)

39/40/41/42/43/44/45

Estimated Expenditures $ ☐☐☐☐☐☐☐

Is the budget period:

		46/47
Weekly	( )	01
Bi-weekly	( )	02
Monthly	( )	03
Quarterly	( )	04
Semi-annual	( )	05
Annual	( )	06
Other (specify)	( )	07

____

CARD 14/CARD 15

CENTER

48 ☐ D-7. Do you have a copy of your current program budget?

49/50

Yes ( ) 01 → If yes, may we have a copy? (SKIP to Q. D-8)

No ( ) 02 → If no, please estimate what amount of the total budget is allocated for the following items:

Estimated Amount	Personnel Costs	Basis*
51/52/53/54/55/56 $☐☐☐☐☐☐	Salaries and Wages	57/58 ☐☐
59/60/61/62/63/64/ $☐☐☐☐☐☐	Fringe Benefits	65/66 ☐☐
67/68/69/70/71/72 $☐☐☐☐☐☐	Consultants and Contracted Services	73/74 ☐☐

CARD 15	Non-Personnel Costs	
8 /9 /10/11/12/13 $☐☐☐☐☐☐	Food	14/15 ☐☐
16/17/18/19/20/21 $☐☐☐☐☐☐	Space	22/23 ☐☐
24/25/26/27/28/29 $☐☐☐☐☐☐	Travel	30/31 ☐☐
32/33/34/35/36/37 $☐☐☐☐☐☐	All other items	38/39 ☐☐

(Check total with amount recorded in D-6.)

* (INTERVIEWER: Specify for what period figures are given)

Weekly = 01

Bi-weekly = 02

Monthly = 03

Quarterly = 04

Semi-annual = 05

Annual = 06

Other = 07

CARD 16

CENTER

A. If State/City/County Mentioned Above

Which agency funds you? ________________ 11/12 ☐☐

B. If Federal Government Mentioned Above

Which federal agency funds you? ________________ 13/14 ☐☐

15 ☐ D-10. Do you have a written fee schedule:

16/17

Yes ( ) 01 → Skip to D-11

No ( ) 02 If no, how do you determine fees? 18/19 ☐☐

(CHECK ONLY ONE)

Charge all families the same rate	( )	01
Work out rate with each family	( )	02
No charge for day care services	( )	03
Other: Specify	( )	04

____

20 ☐ D-11. What is the highest weekly fee you receive from parents for one full time child?

Specify Highest Weekly Fee $ 21/22/23 ☐☐☐ . 24/25 ☐☐

26 ☐ D-12. What is the lowest weekly fee you receive from parents for one full time child?

Specify Lowest Weekly Fee $ 27/28 ☐☐ . 29/30 ☐☐

31 ☐ D-13. Estimate what percent of your total cash expenses are covered by parent fees.

Estimated percentage $ 32/33/34 ☐☐☐

35 ☐ D-14. How many children enrolled are paid in full or in part by public welfare funds (AFDC, Title IVA, WIN)?

Specify Number 36/37/38 ☐☐☐

39 ☐ D-15. How much does welfare pay per week for a full time child?

Specify payment 40/41 ☐☐ . 42/43 ☐☐

CARD 15 /CARD 16

CENTER

0 ☐ D-8. What is your greatest source of income? (PROBE: Where does the greatest part of your money come from? (WAIT FOR RESPONSE THEN ASK) What percent of your total budget is that? (CHECK ONLY ONE)

	Primary Source 41/42		Estimated % 43/44/45	
Parent Fees	( )	01	☐☐☐ %	
Public Welfare	( )	02	☐☐☐ %	
Community Action Agency	( )	03	☐☐☐ %	
Private Charitable Organization	( )	04	☐☐☐ %	
Church	( )	05	☐☐☐ %	
Employers	( )	06	☐☐☐ %	
State/City/County	( )	07	☐☐☐ %	→ Ask A.
Federal Government	( )	08	☐☐☐ %	→ Ask B.
Other: Specify ____________________	( )	09	☐☐☐ %	

6 ☐ D-9. What are your other important funding sources? What percent of your budget would you say that is? (CHECK ALL THAT APPLY)

	Other Sources			Estimated %	
Parent Fees	( )	47	48/49	☐☐ %	
Public Welfare	( )	50	51/52	☐☐ %	
Community Action Agency	( )	53	54/55	☐☐ %	
Private Charitable Organization	( )	56	57/58	☐☐ %	
Church	( )	59	60/61	☐☐ %	
Employers	( )	62	63/64	☐☐ %	
State/City/County	( )	65	66/67	☐☐ %	→ Ask A.
Federal Government Title IV-A Funds	( )	68	69/70	☐☐ %	→ Ask B.
USDA Foods	( )	71	72/73	☐☐ %	→ Ask B.
Other Federal Funds	( )	74	75/76	☐☐ %	→ Ask B.
16 Other (Specify) ____________________	( )	8	9/10	☐☐ %	

CARD 16

CENTER

8 ☐

D-16. What would happen to your center if inflation were to continue for some time? (PROBE. DO NOT READ LIST, CHECK ALL THAT APPLY)

Close Down	( )	45
Increase Fund Raising	( )	46
Increase Enrollment	( )	47
Raise Fees	( )	48
Lower Fees	( )	49
Cut Back on Staff	( )	50
No Salary Increase	( )	51
Cut Back on Supplies	( )	52
Nothing	( )	53
Other: Specify	( )	54

____

55 ☐

D-17. Are you familiar with the Federal Interagency Day Care Requirements?

56/57

No ( ) 02

Yes ( ) 01 If yes, how do they affect the operation of your center? (CHECK ONLY ONE)

		58/59
Not at all	( )	01
Used as guidelines	( )	02
Comply with some regulations	( )	03
Comply with all regulations	( )	04
Other: Specify ______________	( )	05

____

LEAD TEACHER: CHILD ATTENDANCE

III. CLASSROOM INTERVIEW (LEAD TEACHER)

Take a few minutes to get acquainted. Ask about the day's activities. Stress the importance of the study's need to get an accurate picture of who is in the classroom and what they are doing. Ensure confidentiality.

Order of Information Collection
1) Classroom Roster IIIA - Enrollment
2) Classroom Roster IIIB - Enrollment Hours
3) Classroom Roster IIIC - Attendance Pattern and Activity Schedule
4) Staff Roster IV - Staff Schedules
5) Staff Roster IV - Volunteer Schedules
6) Staff Background Questionnaire V

OPENING STATEMENT

The purpose of a visit to your center at this time is to collect information essential to the final selection of centers for participation in the study.

Your director has indicated an interest in the study and is willing to have us visit the center and interview the staff.

Selected centers will be recommended by name to the Office of Child Development and center level data will be reported at that time. Any additional data generated during the study, however, will be identified by codes only.

Only center level data will be disclosed as described above. Under no circumstances will data on any individual be reported by name, either at this time or during the study.

If you are willing, I'd like to ask you some questions about your class enrollment and program, the work schedule you and your staff follows and your own work experience and educational background. Are you willing?

CARD 1

CLASS

SUMMARY WORKSHEET

Child Enrollment and Attendance Pattern (only for classrooms with 3 and/or 4 year olds)

CARD 1 CLASS ID 8/9 ☐☐

10 ☐

1. What is your total current classroom enrollment? (include both full and part time children) 11/12 ☐☐

13 ☐

2. Of the ___ children enrolled in your classroom how many are:

GIRLS	14/15	☐☐
BOYS	16/17	☐☐
TOTAL		

18 ☐

3. And how many are:

BLACK	19/20	☐☐
WHITE	21/22	☐☐
OTHER	23/24	☐☐
TOTAL		

25 ☐

4. And how many are currently:

TWO	26/27	☐☐
THREE	28/29	☐☐
FOUR	30/31	☐☐
FIVE	32/33	☐☐
SIX	34/35	☐☐
OTHER	36/37	☐☐
TOTAL		

TOTAL TO EQUAL SAME #

38 ☐

ENTER TOTAL NUMBER OF CLASSROOM STAFF RECORDED ON WORKSHEET 39/40 ☐☐

5. INSTRUCTIONS FOR III-B AND III-C CLASSROOM ROSTER

a. Insert total enrollment in lower left corner

b. First ask: "How many children are enrolled five days/week?" Enter #.

c. Then ask (if needed): Are there any children enrolled for fewer than 5 days/week. If any, enter #s.

d. Then ask how many of the 5 day children are enrolled full-day. Then break down by more than 10 hours, 8 to 10 hours, 6 to 8 hours. Then for the remainder part-day 5 days/week, break down by 4 to 6 hours or less than four hours. Continue procedure for children, enrolled fewer than 5 days a week.

If any children are enrolled some days full-day and some days part-day, they should be entered in two places. EXAMPLE: A child full-day for 2 days-week and part-day 3 days/week would go in the corresponding boxes.

SUMMARY WORKSHEET

8/9
Class ID ☐☐

Card 1 Card 2

41
☐

310

Card 2

	Hours in the Center								
Enrolled	Total Enrollment	Full Day	More Than 10 Hrs./Day	From 8 to 10 Hrs./Day	From 6 to 8 Hrs./Day	Part Day	From 4 to 6 Hrs./Day	Less Than 4 Hrs./Day	Leave Blank
5 Days/Wk.			42/43	44/45	46/47		48/49	50/51	
4 Days/Wk.			52/53	54/55	56/57		58/59	60/61	
3 Days/Wk.			62/63	64/65	66/67		68/69	70/71	
2 Days/Wk.			72/73	74/75	76/77		10/11	12/13	
1 Day/Wk.			14/15	16/17	18/19		20/21	22/23	
6 Days/Wk.			24/25	26/27	28/29		30/31	32/33	
7 Days/Wk.			34/35	36/37	38/39		40/41	42/43	
Enter Total Enrollment From III A									Leave Blank

Card 3
Card 4

III.C. TYPICAL DAILY ATTENDANCE PATTERN AND ACTIVITY SCHEDULE

8/9
Class ID ☐☐

30
☐ Classroom Intact? ____________ Yes ____________ No
Comments: ____________________________

44
☐ Attendance Pattern

Time	No. of Children Arriving By		No. of Children Departing By	
6:00	45/46		47/48	
6:30	49/50		51/52	
7:00	53/54		55/56	
7:30	57/58		59/60	
8:00	61/62		63/64	
8:30	65/66		67/68	
9:00	69/70		71/72	
9:30	73/74		75/76	
Card 3 10:00	10/11		12/13	
10:30	14/15		16/17	
11:00	18/19		20/21	
11:30	22/23		24/25	
12:00	26/27		28/29	
12:30	30/31		32/33	
1:00	34/35		36/37	
1:30	38/39		40/41	
2:00	42/43		44/45	
2:30	46/47		48/49	
3:00	50/51		52/53	
3:30	54/55		56/57	
4:00	58/59		60/61	
4:30	62/63		64/65	
5:00	66/67		68/69	
5:30	70/71		72/73	
6:00	74/75		76/77	
Card 4 6:30	10/11		12/13	
7:00	14/15		16/17	
7:30	18/19		20/21	
8:00	22/23		24/25	
Later	26/27		28/29	

Activity Schedule

	Description		Total Time	Code *
6:00		31		
6:30		32		
7:00		33		
7:30		34		
8:00		35		
8:30		36		
9:00		37		
9:30		38		
10:00		39		
10:30		40		
11:00		41		
11:30		42		
12:00		43		
12:30		44		
1:00		45		
1:30		46		
2:00		47		
2:30		48		
3:00		49		
3:30		50		
4:00		51		
4:30		52		
5:00		53		
5:30		54		
6:00		55		
6:30		56		
7:00		57		
7:30		58		
8:00		59		
Later		60		

Comments: ____________________________
____
____

LEAD TEACHER: CLASSROOM STAFFING

IV.A and IV.B CLASSROOM ROSTER:

STAFF SCHEDULES

One staff schedule should be completed for each classroom with three, four or five year old children and should include all paid caregivers in the room. First, using the CLASSROOM STAFF WORKSHEET, assign an "S" (staff) or "V" (volunteer) number to identify staff members on the appropriate schedule, and record each caregiver by name, job title and status (paid or volunteer). Then enter the total number of hours worked per week and the actual schedule worked each day. (If all five days are the same, fill in only Monday). Using this information circle S or V and enter appropriate number and draw in each caregiver's chedule in the corresponding daily colums on the STAFF and VOLUNTEER SCHEDULCES, noting any periods of one half hour or more during which the caregiver is not usually in the classroom. From this more detailed schedule, compute the number of hours per week that the caregiver is in the classroom and enter in the corresponding column on the worksheet. Please record any comments which may clarify the schedule.

THIS MUST BE DONE ACCURATELY AS THE WORKSHEET WILL BE DESTROYED.

PAID CLASSROOM STAFF

STAFF CODE #	ROSTER CODE
______________	S1 (LEAD TEACHER) ______________
______________	S2 ______________
______________	S3 ______________
______________	S4 ______________
______________	S5 ______________
______________	S6 ______________

REGULAR WEEKLY VOLUNTEERS

______________	V1 ______________
______________	V2 ______________
______________	V3 ______________
______________	V4 ______________
______________	V5 ______________
______________	V6 ______________

IV.A CLASSROOM ROSTER: STAFF SCHEDULES

Class ID ☐☐

	Monday				Tuesday				Wednesday				Thursday				Friday			
Staff Numbers	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
6:00																				
7:00																				
8:00																				
9:00																				
10:00																				
11:00																				
12:00																				
1:00																				
2:00																				
3:00																				
4:00																				
5:00																				
6:00																				
7:00																				
8:00																				
9:00																				
Sub-Totals	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

TOTALS

____

____

____

IV.B CLASSROOM ROSTER: VOLUNTEER SCHEDULES

Class ID ☐☐

	Monday				Tuesday				Wednesday				Thursday				Friday			
Volunteer Numbers	V.	V.	V.	V.	V.	V.	V.	V.	V.	V.	V.	V.	V.	V.	V.	V.	V.	V.	V.	V.
6:00																				
7:00																				
8:00																				
9:00																				
10:00																				
11:00																				
12:00																				
1:00																				
2:00																				
3:00																				
4:00																				
5:00																				
6:00																				
7:00																				
8:00																				
9:00																				
Sub-Totals	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

TOTALS

____

____

____

____

Record summary comments here that will better explain any variations in regular weekly staff (paid or volunteer) after completing classroom rosters.

IV.C and IV.D STAFF WORKING PATTERNS

CODING INSTRUCTIONS

In order to do certain calculations and analyses, it is important also to record staff attendance data in a way which is comparable to the child attendance data. After the center visit, please fill in forms IV-C and IV-D, using the STAFF and VOLUNTEER SCHEDULES. First, record the current staff working hours as follows:

1) First, enter the total number of classroom staff at the bottom of form IV.C
2) Determine the number of staff who work either part or full time 5 days per week and enter in the appropriate box (column 2).
3) Enter the number of 5 day staff who work at least 6 hours a day in the full time column and the number who work less than 6 hours a day in the part time column.
4) Enter the number of full time staff who usually work more than 10 hours per day, then the number who work from 8 to 10 hours per day and from 6 to 8 hours per day. Similarly, record the part time staff who work 4 to 6 hours per day and less than 4 hours per day.
5) If any staff regularly work less than 5 days per week, record their usual working hours as above in the row which corresponds to the number of days per week worked.

After form IV-B has been completed, record the usual classroom coverage pattern on form V-B as follows:

1) Begin by recording the usual daily classroom schedule for those staff members who work 5 days per week. Record the number of staff arriving by 6:00 a.m., 6:30 a.m., 7:00 a.m., etc. Similarly, record the number of staff leaving the classroom in the appropriate half-hour interval. If any regular breaks of at least one half hour are scheduled during the day, record the number of staff exiting and re-entering the classroom at the corresponding times.

2) If there are staff who work fewer than 5 days per week, try to determine the work patterns which occur most frequently and record classroom coverage as above. Do not include staff who work only 1 or 2 days per week and whose usual work hours are not covered by another staff member during the remaining days. Do include staff who regularly work 3 or 4 days per week or whose classroom hours are usually covered by another staff member. In other words, try to record the typical staff classroom coverage pattern as recorded on the STAFF and VOLUNTEER SCHEDULES.

62 ☐

CARD 5

	Hours in the Center								
Working	Total Number Working	Full Time	More than 10 hrs/days	From 8 to 10 hrs/days	From 6 to 8 hrs/days	Part Time	From 4 to 6 hrs/days	Less than 4 hrs/days	Leave Blank
5 days/wk			63 64	65 66	67 68		69 70	71 72	
4 days/wk			73 74	10 11	12 13		14 15	16 17	
3 days/wk			18 19	20 21	22 23		24 25	26 27	
2 days/wk			28 29	30 31	32 33		34 35	36 37	
1 day/wk			38 39	40 41	42 43		44 45	46 47	
6 days/wk			48 49	50 51	52 53		54 55	56 57	
7 days/wk			58 59	60 61	62 63		64 65	66 67	
Enter Total Number Working from III.A								←	Leave Blank

CLASS ID 8/9 ☐☐

IV.D TYPICAL CLASSROOM COVERAGE PATTERNS

CARD 5/CARD 6
CARD 7/CARD 8/CARD

Staff Classroom Coverage Pattern

		# Staff Arriving in Classroom	# Staff Departing from Classroom
	6:00	68 | 69	70 | 71
	6:30	72 | 73	74 | 75
ARD 6	7:00	76 | 77	10 | 11
	7:30	12 | 13	14 | 15
	8:00	16 | 17	18 | 19
	8:30	20 | 21	22 | 23
	9:00	24 | 25	26 | 27
	9:30	28 | 29	30 | 31
	10:00	32 | 33	34 | 35
	10:30	36 | 37	38 | 39
	11:00	40 | 41	42 | 43
	11:30	44 | 45	46 | 47
	12:00	48 | 49	50 | 51
	12:30	52 | 53	54 | 55
	1:00	56 | 57	58 | 59
	1:30	60 | 61	62 | 63
	2:00	64 | 65	66 | 67
	2:30	68 | 69	70 | 71
	3:00	72 | 73	74 | 75
CARD 7	3:30	76 | 77	10 | 11
	4:00	12 | 13	14 | 15
	4:30	16 | 17	18 | 19
	5:00	20 | 21	22 | 23
	5:30	24 | 25	26 | 27
	6:00	28 | 29	30 | 31
	6:30	32 | 33	34 | 35
	7:00	36 | 37	38 | 39
	7:30	40 | 41	42 | 43
	8:00	44 | 45	46 | 47
	Later	48 | 49	50 | 51

52 ☐ Comments ____________________

Total Staff Hours Per Week:

53 / 54 / 55 . 56 / 57
☐☐☐.☐☐

Volunteer Classroom Coverage Pattern

	# Volunteers Arriving in Classroom	# Volunteers Departing from Classroom	
6:00	58 | 59	60 | 61	
6:30	62 | 63	64 | 65	
7:00	66 | 67	68 | 69	
7:30	70 | 71	72 | 73	
8:00	74 | 75	10 | 11	CARD
8:30	12 | 13	14 | 15	
9:00	16 | 17	18 | 19	
9:30	20 | 21	22 | 23	
10:00	24 | 25	26 | 27	
10:30	28 | 29	30 | 31	
11:00	32 | 33	34 | 35	
11:30	36 | 37	38 | 39	
12:00	40 | 41	42 | 43	
12:30	44 | 45	46 | 47	
1:00	48 | 49	50 | 51	
1:30	52 | 53	54 | 55	
2:00	56 | 57	58 | 59	
2:30	60 | 61	62 | 63	
3:00	64 | 65	66 | 67	
3:30	68 | 69	70 | 71	
4:00	72 | 73	74 | 75	
4:30	76 | 77	10 | 11	CARD 9
5:00	12 | 13	14 | 15	
5:30	16 | 17	18 | 19	
6:00	20 | 21	22 | 23	
6:30	24 | 25	26 | 27	
7:00	28 | 29	30 | 31	
7:30	32 | 33	34 | 35	
8:00	36 | 37	38 | 39	
Later	40 | 41	42 | 43	

44 ☐ Comments ____________________

Total Volunteer Hours Per Week:

45 / 46 / 47 48 / 49
☐☐☐☐☐

STAFF BACKGROUND

V. STAFF BACKGROUND QUESTIONNAIRE

The Staff Background Questionnaire is to be completed by the Director and each caregiver who works with three, four or five year old children. The questionnaire should be administered during individual interviews with the classroom staff at the same time that staff schedules are completed.

STATEMENT OF CONFIDENTIALITY

The purpose of a visit to your center at this time is to collect information essential to the final selection of centers for participation in the study.

Your director has indicated an interest in the study and is willing to have us visit the center and interview the staff.

Selected centers will be recommended by name to the Office of Child Development and center level data will be reported at that time. Any additional data generated during the study, however, will be identified by codes only.

Only center level data will be disclosed as described above. Under no circumstances will data on any individual be reported by name, either at this time or during the study.

DATE ____________________

CARD 1 STAFF

INTERVIEWER __________________

STAFF BACKGROUND QUESTIONNAIRE

8/ 9/10/11/12/13/14/15

STAFF ID ☐☐☐☐☐☐☐☐ (FROM MASTER CODE SHEET)

CARD 1

16/ 17

Race:	Black	( ) 01
	White	( ) 02
	Other	( ) 03

18/ 19

Sex:	M	( ) 01
	F	( ) 02

20/ 21

Age:	LT 20	( ) 01
	20-29	( ) 02
	30-39	( ) 03
	40-49	( ) 04
	50+	( ) 05

22 ☐

A. Day Care Experience

First we would like some information about your experience working in day care.

A-1. When did you start working on a paid basis in this center?

23/ 24 25/ 26

Starting Date ________/________
month year

STAFF ID 8/ 9/10/11/12/13/14/15 ☐☐☐☐☐☐☐☐

CARD 1

STAFF

27 ☐

A-2. Have you held any other paid positions with this center?

28/ 29

No ( ) 02 → SKIP to Question A-3.

Yes ( ) 01 → If yes, what were those positions? (CHECK THE CATEGORIES THAT MOST CLOSELY APPLY) → How long you work in each position? (ENTER THE NUMBER OF MONTHS WORKED IN EACH POSITION.

Position		Length of time	Indicate Simultaneous Positions*	
Director	( )	30/31/32 ☐☐☐	( )	33 ☐
Other Adminstrator	( )	34/35/36 ☐☐☐	( )	37 ☐
Lead Teacher	( )	38/39/40 ☐☐☐	( )	41 ☐
Head Teacher	( )	42/43/44 ☐☐☐	( )	45 ☐
Teacher	( )	46/47/48 ☐☐☐	( )	49 ☐
Assistant Teacher	( )	50/51/52 ☐☐☐	( )	53 ☐
Aide	( )	54/55/56 ☐☐☐	( )	57 ☐
Support (clerical, maintenance, kitchen driver)	( )	58/59/60 ☐☐☐	( )	61 ☐
Specialist (nurse, parent co-ordinator, social worker, curriculum specialist, trainer)	( )	62/63/64 ☐☐☐	( )	65 ☐
Other: ____________	( )	66/67/68 ☐☐☐	( )	69 ☐

*If there are more than two sets of simultaneous positions, please indicate which combinations of positions were held simultaneously. Do not fill in boxes.

8/9/10/11/12/13/14/15

STAFF ID ☐☐☐☐☐☐☐☐

CARD 1/ CARD 2

STAFF

70 ☐

A-3. Have you previously worked on a paid basis in other day care centers?

71/72

No ( ) 02 ⟶ SKIP to Question A-4.

Yes ( ) 01 ⟶ If yes ____

a. In how many day care centers have you previously worked?

Specify number. 73/ 74 ☐☐

b. Excluding this center, overall how many months have you previously worked in other centers?

Specify total months 75/76/77 ☐☐☐

(Do not double count time in simultaneous experience)

CARD 2

A-4. Have you worked in any other preschool programs or early childhood education settings?

16 ☐

17/ 18

No ( ) 02 ⟶ SKIP to Question 3-1

Yes ( ) 01 ⟶ If yes ____

a. In what other preschool or educational settings have you worked? (CHECK ALL THAT APPLY)

		Paid (Code 01)	or	Volunteer? (Code 02)
Head Start	( ) 19	( )	20/ 21 ☐☐	( )
Nursery School	( ) 22	( )	23/ 24 ☐☐	( )
K-1	( ) 25	( )	26/ 27 ☐☐	( )
Other Elementary Grades	( ) 28	( )	29/ 30 ☐☐	( )
Other: Specify	( ) 31	( )	32/ 33 ☐☐	( )

____

b. Overall, how many months have you worked in these settings?

Specify total months 34/35/36 ☐☐☐

(Do not double count time in simultaneous experience)

STAFF ID 8/ 9/10/11/12/13/14/15 ☐☐☐☐☐☐☐☐

CARD 2/ CARD 3

STAFF

37 ☐

A-5 What positions have you held in those centers and preschool programs? (CHECK ALL THAT APPLY) → How long altogether did you work in each position? (ENTER THE NUMBER OF MONTHS WORKED IN EACH POSITION).

Position		Length of Time (Do not double count time in simultaneous experience)	Indicate Simultaneous Positions*	
Director	( )	38/39/40 ☐☐☐	( )	41 ☐
Other Administrator	( )	42/43/44 ☐☐☐	( )	45 ☐
Lead Teacher	( )	46/47/48 ☐☐☐	( )	49 ☐
Head Teacher	( )	50/51/52 ☐☐☐	( )	53 ☐
Teacher	( )	54/55/56 ☐☐☐	( )	57 ☐
Assistant Teacher	( )	58/59/60 ☐☐☐	( )	61 ☐
Aide	( )	62/63/64 ☐☐☐	( )	65 ☐
Support (clerical, maintenance, kitchen, driver)	( )	66/67/68 ☐☐☐	( )	69 ☐
Specialist (nurse, curriculum specialist, trainer, parent coordinator, social worker, etc.)	( ) ( )	70/71/72 ☐☐☐	( )	73 ☐
Other: Specify ____________________ ____________________	( )	74/75/76 ☐☐☐	( )	77 ☐

CARD 3

Total months experience before Coming to this day care center: 16/17/18 ☐☐☐
(Should equal sum of months recorded in A-3 & A-4)

*If there are more than two sets of simultaneous positions, please indicate which combinations of positions were held simultaneously. Do not fill in boxes.

8/9/10/11/12/13/14/15
STAFF ID ☐☐☐☐☐☐☐☐

CARD 3

STAFF

B. Educational Background

Next we would like to find out about your educational background.

19 ☐

B-1. How many years of schooling have you completed?
(CIRCLE THE LAST YEAR OF SCHOOL COMPLETED)

20/ 21 ☐☐

Elementary and High School	1 2 3 4 5 6 7 8 9 10 11 12
College	13 14 15 16
Graduate School	17 18 19 20+

22 ☐

B-2 What types of degrees have you obtained?
(CHECK ALL THAT APPLY)

High School Diploma	( )	23		
GED	( )	24		
Associate Degree	( )	25	Specialization ____________	26/ 27
Bachelor's Degree	( )	28	Specialization ____________	29/ 30
Master's Degree	( )	31	Specialization ____________	32/ 33
Ph.D, Ed.D. or Equivalent	( )	34	Specialization ____________	35/ 36
Other: Specify ____________	( )	37	Specialization ____________	38/ 39

40 ☐

B-3. Are you currently expecting to complete a degree?

41/ 42

No ( ) 02 → SKIP to Question B-4

Yes ( ) 01 ↓

a. Are you currently enrolled in a program?

43/ 44

No ( ) 02

Yes ( ) 01 → What is the expected date of completion?
Specify Month and Year

45/46 ☐☐ month

47/48 ☐☐ year

8/9/10/11/12/13/14/15
STAFF ID ☐☐☐☐☐☐☐☐

CARD 3

STAFF

b. What type of degree do you expect to obtain?

	49/50		51/ 52
High School Diploma	( ) 01		
GED	( ) 02		
Associate Degree	( ) 03	Specialization	________
Bachelor's Degree	( ) 04	Specialization	________
Master's Degree	( ) 05	Specialization	________
Ph.D, Ed.D. or Equivalent	( ) 06	Specialization	________
Other: Specify ________	( ) 07	Specialization	________

53 ☐ B-4 Have you participated in supervised practice teaching, student internship, or field placements with children under seven years of age as part of your degree course work?

54/ 55

No ( ) 02 ⟶ SKIP to Part C

Yes ( ) 01 ⟶ If yes, how many supervised placements with children under seven have you completed?

56/57
Specify number ☐☐

What was the duration of each placement? (ENTER THE NUMBER OF PLACEMENTS WITH CHILDREN UNDER SEVEN THAT APPLY TO THE CATEGORIES GIVEN BELOW)

Less than 1 month	58/59 ☐☐
1-3 months	60/61 ☐☐
4-6 months	62/63 ☐☐
More than 6 months	64/65 ☐☐

8/ 9/10/11/12/13/14/15

STAFF ID ☐☐☐☐☐☐☐☐

CARD 3/ CARD 4

STAFF

C. Courses, Workshops, and Special Training Programs

Next we would like to know about some of the courses, workshops, or special training programs that you have taken.

66 ☐

C-1. Have you taken any courses (credit or non-credit) related to day care or preschool programs?

67/68

No ( ) 02 → SKIP to Question C-3

Yes ( ) 01 → If yes, how many courses have you taken?

Specify number 69/70 ☐☐

71 ☐

C-2 Of the preschool-related courses you have taken, which one have you found most useful in your day care work? Please give us the course subject/content. (PROBE for a SECOND COURSE if appropriate)

SUBJECT		Check One			DURATION		
		CREDIT (Code 01		NON-CREDIT 02)	Qtr. (Code 01	Sem. 02	Year 03)
____________	72/73 ☐☐	( )	74/75 ☐☐	( )	( )	( )	)
CARD 4 ____________	16/17 ☐☐	( )	18/19 ☐☐	( )	( )	( )	( )

76/ ☐

20, ☐

22 ☐

C-3 Of the non-preschool courses you have taken (e.g. sociology, art, music, human development, languages, etc.) which one have you found most useful in your day care work? Please give the course subject/content. (PROBE for a SECOND COURSE if appropriate?

SUBJECT		Check One			DURATION		
		CREDIT (Code 01		NON-CREDIT 02)	Qtr. (Code 01	Sem. 02	Year 03)
____________	23/24 ☐☐	( )	25/26 ☐☐	( )	( )	( )	( )
____________	29/30 ☐☐	( )	31/32 ☐☐	( )	( )	( )	( )

2 ☐

3 ☐

8/ 9/10/11/12/13/14/15
STAFF ID ☐☐☐☐☐☐☐☐

CARD 4

STAFF

9 ☐

C-4 Have you completed any workshops or special training programs related to preschool or day care?

36/37 ☐☐

No ( ) 02 → SKIP to Question D-1

Yes ( ) 01 → If yes, how many workshops and training programs have you completed?

Specify number 38/39 ☐☐

40 ☐

C-5 Of all the workshops and training programs you have completed, which one have you found most useful in your day care work? (PROBE for a SECOND PROGRAM if appropriate).

SUBJECT	DURATION		GIVEN BY: Check One		
	43/44 ☐☐	45/46 ☐☐		47/48	
	______ Days	01	Day Care Center	☐	01
____________ 41/42 ☐☐	______ Weeks	02	College	☐	02
	______ Months	03	Community Agency	☐	03
			Other: ____________	☐	04
			____________		
	51/52 ☐☐	53/52 ☐☐		55/56	
	______ Days	01	Day Care Center	☐	01
____________ 49/50 ☐☐	______ Weeks	02	College	☐	02
	______ Months	03	Community Agency	☐	03
			Other: ____________	☐	04
			____________		

8/ 9/10/11/12/13/14/15

STAFF ID ☐☐☐☐☐☐☐☐

CARD 4/ CARD 5

STAFF

57 ☐

D. Certification

Finally, we are interested in any educational certification which you may have received.

D-1 Have you obtained certification in any of the areas given below: (READ LIST. CHECK ALL THAT APPLY) → By whom was it granted? (CHECK ALL THAT APPLY)

			State	College	Prof. Assoc.	Other Specify
	Early Childhood Education	( ) 58	( ) 59	( ) 60	( ) 61	( ) 62
	Preschool Education	( ) 63	( ) 64	( ) 65	( ) 66	( ) 67
	Nursery Practices	68 ( ) 68	( ) 69	( ) 70	( ) 71	( ) 72
	Kindergarten	73 ( ) 73	( ) 74	( ) 75	( ) 76	( ) 77
	Elementary Education	16 ( ) 16	( ) 17	( ) 18	( ) 19	( ) 20
CARD 5	Secondary Education	21 ( ) 21	( ) 22	( ) 23	( ) 24	( ) 25
	Other: Specify:	26 ( ) 26	( ) 27	( ) 28	( ) 29	( ) 30

____

____